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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

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Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Monday, the 5th
day of March, 1984.

- - - -

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

- - - -

APPEARANCES:

E. CRONK	Commission Counsel
D. HUNT)	Counsel for the Attorney
L. CECCHETTO)	General and Solicitor General
	of Ontario (Crown Attorneys
	and Coroner's Office)
I.J. ROLAND)	Counsel for The Hospital for
M. THOMSON)	Sick Children
R. BATTY)	
D. YOUNG	Counsel for The Metropolitan
	Toronto Police
W.N. ORTVED	Counsel for numerous Doctors
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	Children
E. McINTYRE	Counsel for the Registered
	Nurses' Association of Ontario
	and 35 Registered Nurses at
	The Hospital for Sick Children



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APPEARANCES (CONTINUED):

J. SOPINKA, Q.C.)	Counsel for Susan Nelles -
D. BROWN)	Nurse
E. FORSTER	Counsel for Phyllis Trayner -
	Nurse
J.A. OLAH)	Counsel for Janet Brownless -
A. ARNOLD)	R.N.A.
B. KNAZAN	Counsel for Mrs. M. Christie -
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S. LABOW	Counsel for Mr. & Mrs. Gosselin,
	Mr. & Mrs. Gionas, Mr. & Mrs.
	Inwood, Mr. & Mrs. Turner, Mr.
	& Mrs. Lutes, and Mr. & Mrs.
	Murphy (parents of deceased
	children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic
	Lombardo (parents of deceased
	child Stephanie Lombardo); and
	Heather Dawson (mother of
	deceased child Amber Dawson)
J. SHINEHOFT	Counsel for Lorie Pacsai and
	Kevin Garnet (parents of
	deceased child Kevin Pacsai).



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--- Upon commencing at 9:30 a.m.

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THE COMMISSIONER: I know we have
stolen a March on everybody else, but everybody that
matters is here, so let us proceed.

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MR. HUNT: Thank you, Mr. Commissioner.

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ELIZABETH RADOJEWSKI, Resumed

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CROSS-EXAMINATION BY MR. HUNT (CONTINUED):

Q Mrs. Radojewski, I know you
probably thought you saw the last of me on Thursday
afternoon, but I am back again and I promise I won't
take very long this morning.

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With respect to the assumptions that
I had asked you to make last week about certain of
these deaths, and that is we assumed that somebody in-
tended to intentionally harm them. I ask you
to take that assumption again this morning. Would you
agree with me that given the situation on the ward,
it had to be somebody who had direct access to the
children, by direct I mean somebody who could actually
be involved with the children, or their IV apparatus,
without arousing suspicion?

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A. I think given those assumptions
I would have to agree with you.

Q. And in addition to that, given
the times of the onset of terminal events that most



A.2

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2 of the children had, and the times of their death,
3 it would have to be somebody who had that kind of
4 access in the middle of the night without causing
5 suspicion.

6 MS. FORSTER: Mr. Commissioner, I am
7 having some difficulty with that question in view
8 of the medical evidence that we have heard. Some of
9 the pharmacologists have given quite diverse opinions
10 as to whether, if a child died of an overdose of
11 digoxin, as to the timing of administration, and in
12 some cases it wasn't within a couple of hours of
death.

13 THE COMMISSIONER: Yes. Perhaps you
14 will have to make another assumption.

15 MR. HUNT: I don't think we have
16 heard any evidence from pharmacologists that suggests
17 that administration of the drug would have been
beyond say four hours of the time of death.

18 THE COMMISSIONER: No.

19 MS. FORSTER: With respect, with
20 respect to some of the children, such as Hines, when
21 they found digoxin in the tissue, and some of them
22 they couldn't estimate on the time of administration.

23 THE COMMISSIONER: That's right.
24 Pacsai included estimates up to a great deal more than
25



A.3

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2 four hours. Could you not just make an assumption
3 and then get the answer you want?

4 MR. HUNT: I think so, I think so.

5 MS. MCINTYRE: Mr. Commissioner, if
6 my friend is going to pursue this line of questioning
7 I would also like him to qualify how many deaths
8 we are talking about, because I can't recall which
9 assumption he was working on at the end of last week.

10 MR. HUNT: Q. Let's assume 29 deaths
11 by digoxin, all right? Let's further assume that in
12 the vast majority of those cases the onset of the
13 terminal events was somewhere between the hours of
14 2 o'clock and 4 o'clock in the morning, and the death
15 occurred somewhere between 3 o'clock and 5 o'clock
16 in the morning.

17 If you would assume that the evidence,
18 where it is available, with respect to the admini-
19 stration of digoxin, suggests that within a maximum of
20 four hours of the admipistration of the drug in an
21 overdose case the child would die. My question then
22 to you is, would you agree with me that whoever it
23 was would have to have access directly to the
24 children in the middle of the night without arousing
25 suspicion?

A Given all those assumptions I



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suppose that is a possibility, yes.

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THE COMMISSIONER: I don't think he was saying it was a possibility, he was saying it was essential, it would have to be someone who - do you agree whether it was essential or not?

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THE WITNESS: Common sense, I have to agree with you.

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MR. HUNT: Q. Well, would you agree that this really narrows it down then, given the assumptions we have made on those two points, it narrows it down to medical personnel as opposed to support staff, in terms of maintenance people, or cleaning people, or laboratory people dropping by to pick up specimens, it would really narrow it down to medical personnel?

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A. I really don't know.

Q. Well, we will go on and explore it a little bit. We are giving the assumption, we are talking about 29 deaths, are you saying, or do you say that it is then possible that for someone in a support role to have had direct access to the children or their IV apparatus in the middle of the night that many times without arousing some suspicion?

A. I guess where I am finding it confusing, are we assuming over a long period of time?



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Q Over the nine months we are talking about here?

A The nine months?

Q Between July and March?

A I suppose there may be some suspicion aroused.

Q Even some suspicion aroused if somebody who normally wouldn't have anything to do with the child per se was seen at the child's bedside, or at the equipment, in the middle of the night; I suggest the suspicion aroused by that would be more than a mild suspicion?

A It would be noticeable, yes.

Q What do you think would happen when you noticed, do you think someone might challenge that person and find out what they are doing in a place they shouldn't be?

A Yes.

Q But the two groups that might not arouse the same type of suspicion, I suggest to you, are the medical personnel, being doctors and nurses, would you agree?

A Yes.

Q Now, I suggest to you that it is unusual for a doctor to arrive on the ward at



A.6

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night, unsung by someone?

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A. I don't know that I can really answer that because it has been quite a while since I have worked there.

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Q. When you were working at the Hospital, I take it there were times when you did work at nights?

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A. Yes.

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Q. If you can think about that period of time then, would you agree that it would be a matter that would be noticed certainly if a doctor arrived on the ward at night uncalled for?

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A. One would take note of it, yes.

Q. And that is if it happened once?

A. Yes.

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Q. And certainly if a doctor arrived on the ward over a nine-month period, uncalled for, 29 times shortly before or within a number of hours before a child died, that is something that would be noticed?

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A. I find it difficult to answer because of the length of time that you are talking about, but assuming the same people are on duty, I find that very difficult to answer, I really don't know.



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Q. Well, if Dr. X arrived in the middle of the night, uncalled for, on one occasion to tend to a baby, you have indicated that is something that would be noticed? In other words, the nurses would soon know that Dr. X is here?

A. Yes.

Q. And if after Dr. X was there a baby died, that is a fact that might be connected with the doctor's appearance?



B/RD/ko

[don't know that we would make
that connec-~~tion~~

If Dr. X came in and was seen on
the ward going into one of the babies' rooms, the
nurses would want to know what he was doing there?

I am sure they would enquire as to
why he was there; yes.

He wouldn't walk around the ward
and be able to go in and visit a patient or visit more
than one patient without somebody being curious about
why he was there? It is going to be a subject of
conversation?

A. They would notice that he is there,
but I really don't know if they would ask for his
agenda of which patients he is going to look at.

Q. I don't suggest that anybody would
require him to produce an agenda, but it is going to
be a subject of conversation why he is there, that
Dr. X is here and he is obviously interested in some-
thing?

A. It may be, yes.

Q. And if Dr. X comes on 29 occasions
in the middle of the night over a nine month period
there is soon going to be, I suggest to you, it is
soon going to be a matter that is going to be known to



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the nurses that Dr. X is likely to show up in the
middle of the night?

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A. I guess I am having trouble,
~~excuse me~~, because 79 times in a nine month period is
not a great deal of time for a doctor to come up and
look at patients on the ward.

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Q. You have told me, though, if he
came once that in your experience that would be
something remarkable, that doctors are not generally
there in the middle of the night.

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A. I don't believe I said that.

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MS. CRONK: Mr. Commissioner, my friend --
I would suggest that is an unfair question, because my
friend had suggested to the witness that if he came
unsummoned. As far as I am familiar with the evidence
there is no suggestion that the doctors were never
summoned in the middle of the night.

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THE COMMISSIONER: I am sorry, "were
never summoned"?

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MS. CRONK: Summoned.

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THE COMMISSIONER: I have terrible
trouble when you put too many negatives into something.
There was no suggestion that they weren't summoned?

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MS. CRONK: That is right. In fact, the
evidence is that the doctors were often summoned in the



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middle of the night.

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THE COMMISSIONER: Yes. The question here put is if a doctor came unsummoned 29 times in the course of this nine month period would that not be unusual. She can answer that question. She can say yes or no or I don't know, it doesn't matter, but that is the question.

MS. CRONK: As long as it is clear that is what the assumption is.

THE COMMISSIONER: Oh, yes.

MS. CRONK: I had thought the witness was answering it that it wouldn't be unusual for a doctor to come 29 times.

THE COMMISSIONER: No. I think the assumption is that he came when he wasn't asked.

MS. CRONK: Thank you.

THE COMMISSIONER: Am I not right?

MR. HUNT: That is correct. I am suggesting that assumption through all of this, that he comes when he is not called for.

Q. I guess the simple question is, a doctor coming that often over a nine month period uncalled for in every occasion is soon going to be the subject of discussion with respect to his habit, or the frequency with which he appears uncalled for



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in the middle of the night to examine patients or do something on the ward?

A. Assuming if it was the same group of nurses taking note of that over that long period of time they may take notice of it, yes.

Okay. Well, are we not left then with really the only reasonable inference we can take from all of this is that, as between doctors and nurses, the two medical groups, that nurses are going to be, it is going to be less likely that nurses, having direct access to children in the middle of the night, are going to arouse suspicion?

A. Could you repeat that, please?

Q. It is going to be less likely that nurses are going to arouse any suspicion, having direct contact with children in the middle of the night?

MR. SOPINKA: I understood from your ruling, Mr. Commissioner, that suspicion was now out.

THE COMMISSIONER: Yes, I agree. Yes, you are quite right. Their suspicion of particular people is now out, but I think suspicion of a group, and that is as to this -- it relates to the cause of death. You see, the trouble with this matter is, I am ruling out anything that has nothing whatever to do with the cause of death. I can't rule out anything



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B 5 2 that has something to do with the cause of death.
3 This has something to do with the cause of death,
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5 MR. SOPINKA: I am sorry, I thought you
6 weren't going to allow further evidence of suspicion,
7 even if it was suspicious as to the cause of death.

8 THE COMMISSIONER: No, unfortunately
9 what I am really getting at is suspicion of particular
10 people, which is unfounded. If it is founded then we
11 have to receive the foundation if the foundation has
12 any merit at all. If we find out the foundation then
13 we can go on to the suspicion, because that has some-
14 thing to do with the cause of death. Who administered,
15 you see, is part of the cause of death, but who was
16 suspected of administering has only a connection
17 conceivably with the police investigation.

18 MR. SOPINKA: My friend is really asking
19 for an opinion. While I realize the rules of evidence
20 don't apply I think it is a commonsense rule that if
21 one isn't ordinarily entitled to give an opinion, a
22 person who makes the determination can as easily draw
23 what value is it for you to know whether it is more
24 likely that --

25 THE COMMISSIONER: No, but Mrs. Radojewski
is a nurse with considerable experience and she would



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B 6 2 know what sort of the atmosphere was around the
3 nursing station far better than I would and, with
4 respect, far better than Mr. Hunt would and, therefore,
5 she can tell us whether there would or would not, what
6 is the probability of a doctor being there under those
7 circumstances.

8 MR. SOPINKA: She has given that. Now
9 she is being asked a matter that she is not an expert
10 in. You are more of an expert than she is, as to
11 whether or not one suspects somebody of murder. She
12 has never had any experience in that department.

13 THE COMMISSIONER: I am going to allow
14 the question. We do get after a while, this sort of
15 thing almost becomes argument, but I think I will
16 allow the question, because of her experience.

17 Yes, Mrs. McIntyre, you had some --

18 MS. MCINTYRE: Yes, sir, I have another
19 problem with the questioning in that it is based on
20 this assumption that I don't think is supported by
21 the evidence, that the doctors were never summoned to
22 the ward at night and the opinion, for whatever value
23 it may have, is certainly reduced if it is based on
24 an assumption that isn't supported by the evidence.

25 THE COMMISSIONER: No, but this is a
doctor. The whole assumption is a doctor who was



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2 never summoned or was occasionally summoned, but was
3 appearing 29 times or some time equivalent to that
4 unsummoned, would he be noticed. The answer to that
5 we got was, yes, in all probability he would be
6 noticed, particularly were it the same team of nurses
7 on at the time, they would get to know that Dr. X has
8 a habit of coming up here when he hasn't been asked,
9 therefore, they might be suspicious of that,
10 certainly. Then all he is doing now is really trying
11 to follow that up by saying, therefore, the probable
12 administrator of the digoxin, assuming again the
13 digoxin was administered some 29 times, you have to
14 do this, under those circumstances would more likely
15 be a nurse than a doctor. That is all he has been
16 asking.

15 MS. MCINTYRE: Well, sir, that is where
16 I have a problem, because in following that up he is
17 assuming that a doctor, any doctor, who might have
18 done it, would be one who would be unsummoned. There
19 is no factual base to suggest that doctors were not
20 summoned to the ward and, in fact, the evidence is
21 that they were frequently summoned, so then an opinion
22 based on a faulty assumption, in my submission, is of
23 no assistance to you at all.

23 THE COMMISSIONER: Well, I think it might
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(Hunt)

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be of some assistance and I am going to allow the
thing and I really would like this to go back at this
thing when we come to argument, but it can be of some
assistance on the part of that, so you go ahead.

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C/BB/ko

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MR. HUNT: Thank you.

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Q. I suppose you want me to repeat the question, don't you?

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A. Yes, please.

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Q. Well, I think we were to the point where I had suggested that as between doctors and nurses, nurses are less - nurses having direct contact with the babies in the middle of the night are less likely to arouse suspicion than an unsummoned doctor?

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A. Given all those assumptions, nurses who have direct access to the patients may arouse less suspicion.

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Q. All right. What I am suggesting to you finally then is that assuming again 29 children were intentionally harmed by an overdose of digoxin, over a nine month period in this case here, that as between doctors and nurses it is less likely that it was a doctor than a nurse?

18

A. I really don't know.

19

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Q. We have heard from nursing supervisor Kathy Coulson, and I am looking at Volume 109, Mr. Commissioner, and really at page 4663 and 4664. She was asked by Mr. Lamek in his direct examination about this particular issue and in dealing with the deaths in the month of March alone,



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2 let alone the whole nine month period, but just the
3 month of March, she was asked at page 4664:

4 "In your best estimate, knowing what
5 you did of that ward and the tension
6 and the atmosphere that was growing,
7 how do you rate the chances that it
8 was a doctor?"

9 This is assuming that the children were intentionally
10 killed.

11 "A. Between a doctor and a nurse?

12 Q. Yes.

13 A. Not as high.

14 Q. Okay. I am not going to press you
15 any further on that, but we are agreed
16 at least those are the two likely groups
17 in all the circumstances, and you say
18 the chances of it being a doctor were not
19 as high. Do I understand you?

20 A. Yes."

21 Now, with respect to the month of March
22 alone and the deaths that occurred there, given your
23 understanding of the tension, the atmosphere on the
24 ward, do you agree or disagree with Miss Coulson when
25 she indicates that in her opinion the chances that it
would be a doctor involved with the intentional harming



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2 of the children were not as high as the chances are
3 that it would be a nurse?

4 A. Miss Coulson had considerable
5 experience on nights more recently than I have.
6 However, if you are talking about a one month period
7 when there would be a consistent group of doctors
8 available to the ward, then I don't know that I can
9 agree with Miss Coulson completely.

10 Q. But you defer to her experience or
11 her more recent experience with respect to the
12 operation of the ward at night and the atmosphere and
13 conditions that existed there at night?

14 A. Yes. Her experience throughout
15 the hospital I believe, not just on Ward 4A/B.

16 Q. All right. Now, if I ask you to
17 assume for a moment that it was a nurse responsible
18 for our assumed assumption, 29 of these deaths, and
19 that it was by an overdose of digoxin, from your
20 experience with 4A/4B and your experience as a nurse,
21 where and how would a nurse go about getting the drug
22 in order to administer the digoxin?

23 A. I don't know that my experience
24 really has anything to do with it, but the drug is
25 available on the ward as ward stock.

Q. Well, all right, your experience



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2 may have something to do with it inasmuch as you know
3 the routines that take place on the ward, you know
4 what is available and where it is kept. So, it is
5 that experience that I am referring to. You say it
6 is available and back in this period of time I take it
7 it was available and it was not under lock and key
8 prior to the night of March 22nd?

9 A. That's right.

10 Q. It was kept in, where, in the
11 medication room?

12 A. Yes.

13 Q. And from time to time during the
14 course of a long night shift would the nurses be in
15 that medication room?

16 A. Yes, they would be preparing their
17 medications to be given.

18 Q. And are there points in time in
19 the night where it would be more likely that they
20 would be in the room preparing medications than at
21 other points in time during the night?

22 A. The medication room would be
23 busiest at the times that the medications would be
24 due to be given.

25 Q. All right, which is 9 o'clock I
think you said?



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Yes.

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Q. And 1 o'clock?

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I don't know that I can pin it
down.

5

A. All right.

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It would depend on the patient
census and what was going on at the time.

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Q. So, a nurse in the medication room
selecting medications at certain points in time
approximate to the time when medications are given
would not arouse suspicion?

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A. No.

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Q. You indicated last week that it
would take I believe a minute or less for a vial, an
adult vial of the drug to be drawn up and administered
by intravenous?

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A. I answered several questions
involving buretrols and sage pumps.

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Q. Well, I am not so much concerned
about the buretrol and the sage pump as I am with the
direct administration into the IV line below the
buretrol. If you could just direct your mind to that
question. Am I correct in summarizing your evidence
on that, that it would take a minute or less to draw
it up and administer it in that way?



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A. Yes.

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Q. All right. How much of that time
is taken by drawing it up?

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A. It would take, in my estimation,
more time to open the ampule and draw it up than to
actually inject it into the intravenous tubing.

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Q. Well, let's assume that the
opening of the ampule and the drawing up of the drug
is done somewhere other than at the bedside. How long
would it take to simply administer an already loaded
syringe?

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A. Into the same site?

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Q. Yes, just restricting yourself to
the example I have posed if you could, please.

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One of the factors would have to be again how much you have loaded in your syringe and how fast it's pushed in, if it is pushed in very quickly there is a danger of causing the intravenous to become interstitial, there are so many factors.

Q If we can work through the major factors, all right? First of all, let's assume a syringe loaded with between one and two adult vials of digoxin, and that the person administering it doesn't want to administer it in such a way it is going to disrupt the intravenous apparatus or its injection into the patient's body. In other words, the person wants to do it in such a way that when it is done there is going to be no problem with the IV line?

A If you are assuming that this patient is a small infant?

Q Yes.

A Who would have been, it would then be a very small needle going into the vein, then you are talking about a volume of 2 to 4 ccs, that would take considerable time.

Q Well, when you were posing to us the situation of a minute or less to introduce the contents of a syringe into the IV line below the



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buretrol, what amount were you considering?

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A The amounts that we are used

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to give to small infants which are half a cc or less.

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So you are considering a

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Let's go back to that for a moment

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then. Given that that took a minute or less, you

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felt that breaking open the ampule and drawing it up
took more time than the actual administration?

9

A Yes.

10

Q

So that in that example, what

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would you estimate the actual administration time as

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less than?

13

A

Given the normal volume that

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we would be administering?

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Q

Yes.

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A

It is difficult to give you

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that estimation since nurses don't administer
medications at that level. I can just give you my
assumption from watching doctors.

18

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Q

I take it it will be less than

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half a minute, if it is going to take more time to
break open and draw up the drug, than it is to

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administer it in the normal situation, it is going

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to be half a minute or less to actually administer it?

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A

Yes.

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Q. Now, going to the situation that I posed, where one or a maximum of two adult vials are drawn up, given that it is going to take you half a minute or less to inject a normal dose, a therapeutic dose of the drug, can you tell me how long you think it would take, or how much longer you think it would take to administer an amount I am posing in this hypothetical?

A. Again in my estimation from watching physicians do this with certain medications that are given that way, at least five minutes.

Q. So you are saying to introduce a volume of 4 ccs through the intravenous line itself that would take five minutes?

A. I can only give you - I can't give you from my experience, only from my observation, five minutes or more.

Q. Now, the drugs that you have seen doctors introduce that way, do you recall what they were?

A. In my experience in the past it has been some drugs used for cancer treatments; occasionally Lasix would have been given that way but obviously it was diluted to a larger volume. I just can't recall much right now.



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Q What I am getting at is, do you know whether there is any particular feature of the drugs that you have seen administered that way that requires them to be administered over a particular period, as opposed to introduced in a normal push fashion that wouldn't disrupt the needle?

THE COMMISSIONER: What other problems are there, Mrs. Radojewski, there is a problem you mentioned about the needle becoming interstitial?

THE WITNESS: Yes.

THE COMMISSIONER: What other problems are there? The trouble I am having is that you take a syringe, and I don't move in medical circles, but I do know about syringes, that you just press them and out it comes, and if it comes too fast; now, what other problems are there that could delay the admission?

THE WITNESS: There is a considerable amount of pressure behind the barrel of the syringe according to the size of the syringe used.

THE COMMISSIONER: Yes. Size limits strikes me as being - nobody would continue pressing a syringe for five minutes, would they, maybe you are right, maybe they do. It just seems odd to me, that's all.



D.5

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THE WITNESS: I have seen it done, yes,
by physicians with certain medications.

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THE COMMISSIONER: Would they continue
to press it for five minutes?

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THE WITNESS: It can take as long as

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THE COMMISSIONER: Don't they pause
in between and do something else?

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THE WITNESS: Just hold on to the
end of the barrel.

10

11

THE COMMISSIONER: For five minutes,
do they?

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THE WITNESS: Yes.

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MR. HUNT: Q My suggestion to you
is that there are some drugs that may, because of the
peculiar feature that they have, they have to be
administered very slowly?

17

A. Yes.

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Q And what I am asking you is,
do you recall the times you have seen this done over
that length of time upon which you are basing your
opinion now? Are you able to recall what the drugs
were, and whether those drugs required the admini-
strator to put them in very slowly because of some
particular feature they had?



D.6

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I guess if you can't recall what the drugs are, then you are going to be unable to answer that question, so maybe that is the better question, and if you can't recall --

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A. I really can't recall at this moment.

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Q. All right. Now, carrying on with this assumption that it was a nurse who administered an overdose of digoxin to the children on 4A and 4B. If someone was in the act of doing it who is the most, and I appreciate you have indicated your view as to the slim chance of being detected in the act in most circumstances, and when it is busy it is even less likely. But if someone was caught in the act, who would it be that would be the person most likely to catch them?

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A. Perhaps another nurse.

17

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Q. Is there another nurse who would be more likely than another nurse to catch the person because of that nurse's particular duty?

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A. Again, depending on the circumstances and the busyness, another RN or a nurse in charge.

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Q. By nurse in charge you mean a team leader?

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D.7

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A. Yes.

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Q. I take it the other RN's may

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well have children assigned to them that they are responsible for the care of during their shift, and

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the team leader is more likely to be the person overseeing all of the children under the care of the nurses on her team?

7

8

A. The team leader oversees all

9

of the care, yes.

10

Q. So as between another nurse

11

and the team leader, is it more likely if one were to be caught in the act it is going to be by the

12

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team leader because of the nature of her duties floating throughout the ward, as opposed to another

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15

nurse who may be assigned to a particular child or children in a particular room?

16

A. I guess I am having difficulty,

17

there are so many assumptions that are being made. If the children are ill then the team leader would

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naturally pop in to see how they were throughout the night, and I suggest in that instance she may be

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around more.

21

Q. So it may be more likely that

22

it would be the team leader who, by virtue of her

23

duties, checking on the various children, would walk

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D.8

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in and catch someone as opposed to another nurse who was assigned particular children possibly in another room?

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A. Again this is difficult to answer, since the ~~nurses~~ do help each other out and come in and out of the rooms quite often and without any exceptional notice.

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Q. But there is only, as I understand it, and correct me if I am wrong, one nurse on the team whose responsibility it is to be checking on the status of all of the patients who are under the care of that particular group of nurses, and that is the team leader?

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A. Yes.

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Q. And the very nature of her job requires her to be popping in and out of the various rooms where the children under the care of that team are located during the course of the shift?

A. Yes.

Q. And other nurses might do that depending on the child, or the children, that are under her care, and what the status is and whether she has time and other circumstances?

A. Yes.

Q. But it is the team leader who



D.9

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has that responsibility as part of her routine?

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A Yes.

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Q Now we talked on Thursday about

5

some of these events that occurred in the Hospital

6

between the end of August and early October, 1981. I

7

think I asked you about your own involvement in a

8

couple of those events, that being the phone call

9

to your house and the time you were called down to

10

the Hospital in the early morning when some pills

11

At any point in time during the

12

continuation of those events, that is late August

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through until early October of 1981, did you have

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any opinion as to the involvement of anyone connected

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with Ward 4A and 4B?

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THE COMMISSIONER: I think that should be treated the same way as anything else. You can ask: "Did you have any opinion", but you can't elicit what the opinion is until we know what the basis for it is.

HUNT: That was going to be my next question.

THE COMMISSIONER: You don't seem to be happy with that.

MS. CRONK: Sir, I am not particularly. Let me just, if I may, refresh you on that. I am sure Mr. Hunt and yourself will recall this. Before my friend goes any further, you will recall that during Mrs. Radojewski's examination in chief it was not in the context of the threatening phone calls or the episode of the pills or the drugs being place in anyone's food. She was specifically asked whether or not, prior to the end of May, 1982, that is prior to the time Susan Ross was discharged at the preliminary hearing, she had learned anything, observed anything, seen anything at any time up until the end of May, 1982, that led her to conclude that a particular individual had deliberately attempted to intervene, so as to cause the death of any of these children and she was asked a similar question, with respect to the possible involvement of more than one person. I know



E 2

my friend isn't there yet, but her answers to both of those questions, sir, were no and it seems to me, if my friend is going to --

THE COMMISSIONER: You may well resist, but surely that doesn't prevent Mr. Hunt from asking the question.

MS. CRONK: It doesn't prevent Mr. Hunt from asking the question at this point, sir, so long as he establishes, first, the basis on when you think it might have been held and I submit a time frame for it, given the answers the witness has already given.

THE COMMISSIONER: A time frame for --

MS. CRONK: When the opinion was held, sir, whatever the basis was.

MR. HUNT: I can only ask the question and I thought I had included qualifications as to time in it. I am only dealing with these events; I am not asking this witness for any opinion on who might have been involved in the deaths.

THE COMMISSIONER: Certainly this first question is in order. We just have to approach the next one as it goes along. For the moment I have forgotten what the question was.

MR. HUNT: At this time I had it written down. The question was: "At any time during the



E 3 2 continuation of these events from late August of 1981
3 through until early October, did you form any opinion
4 as to the involvement in the events of anyone connected
5 with Ward 4A and 4B?

6 THE WITNESS: No.

7 HUNT: Q. During this period of
8 time did you become -- again, I am talking about
9 August through until early October, the continuation
10 of events, did you become disgusted with the behaviour
11 of anyone connected with 4A and 4B, insofar as those
12 events were concerned?

13 A. I can recall being upset with
14 someone from 4A/B.

15 Q. In connection with their reaction
16 to these events or these events, themselves?

17 A. Yes.

18 Q. All right. Who was that?

19 A. Mrs. Trayner.

20 Q. Why did you feel that way about
21 her at that point in time?

22 A. I don't recall when the episode
23 was with the -- there were pills again put in some
24 yogurt and Mrs. Trayner had been warned.

25 THE COMMISSIONER: I am sorry, is this
another incident?



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2 THE WITNESS: I had thought this was
3 around that time in October, as well.

4 MR. HUNT: Q. October 7th, I think,
5 I suggest to you, is the date of this second incident
6 of pills?

7 I don't recall the date.

8 All right.

9 I believe it was around the time.

10 THE COMMISSIONER: This is an extra --
11 you told us about the middle of the night coming down
12 and finding pills in lunches, but this was another
13 occasion, was it?

14 THE WITNESS: Yes.

15 THE COMMISSIONER: That is fine. Whose
16 food was this put in?

17 THE WITNESS: Mrs. Trayner. I don't
18 remember who the suggestion had come from, but it was
19 advisable that she not put food into the fridge,
20 certainly with her name on it.

21 MR. HUNT: Q. This suggestion came
22 after the first incident of the pills in the soup?

23 A. Yes.

24 Q. Yes.

25 A. And she had purchased some yogurt
earlier and placed it into the refrigerator and once



2 she went to get it again there was some evidence of
3 pills in the yogurt as well.

4 All right. When she placed it in
5 the fridge again do you know whether it had her name on
6 it or not?

7 I don't recall.

8 What was it about that then that
9 upset you?

10 The fact that it had been
11 suggested to her and advisable that if she wanted
12 something to eat, to purchase it and eat it, not to
13 leave it lying around.

14 Q. Then when it happened again that
15 pills, propranolol, showed up in yogurt, she put in
16 the fridge that upset you?

17 A. Yes.

18 Q. What was it about that that upset
19 you?

20 A. The fact that she had been advised
21 against it and in turn went and did it. I just
22 thought it was a very foolish thing to do.

23 Q. Did you speak to her about it?

24 A. I know I spoke with her. I don't
25 recall the conversation exactly.

Q. Did this second incident of pills



E 6
2 in food that she had put in the fridge again focus
3 concern and attention on her?

4 A. Yes.

5 Q. Did you have any explanation given
6 to you by her as to why she had put food in the fridge
7 again after this advice had been given to her not to
8 do so?

9 A. I don't recall.

10 Q. At the time did you have any
11 opinion as to why she had done it?

12 A. I can't remember, I am sorry.

13 MR. HUNT: I have no further questions.

14 THE COMMISSIONER: Thank you.

15 Mr. Sopinka. I don't know how long it will be. You
16 can be as long as you like, but at about 11 o'clock we
17 will take the morning break, so you can spread your-
18 self accordingly.

19 MR. SOPINKA: I don't expect to be too
20 long if I can get organized here.

21 CROSS-EXAMINATION BY MR. SOPINKA:

22 Q. Mrs. Radojewski, my name is John
23 Sopinka and I represent Susan Nelles. I am going to
24 ask you a few questions.

25 These incidents you have just been
talking about, His Honour Judge Vanek referred to them



E 7 2 as bizarre incidents. I am going to read to you what
3 he said and with respect to the factual matters that
4 he comments on I would like to ask you whether you
5 disagree with any of this.

6 HUNT: Sir, I would just ask why we
7 need to have Judge Vanek's statements of the facts
8 read to the witness? The facts are in the evidence
9 there and my friend can surely put that if it is to
10 highlight them in any way what Judge Vanek had to say
11 about it. In my submission that is argument and it is
12 not a matter for this witness.

13 THE COMMISSIONER: Well I think he is
14 asking whether the witness is of the same view and it
15 is unlikely that he will get an unsatisfactory answer,
16 but I think it is legitimate cross-examination, so
17 there we are. I will allow it.

18 MR. SOPINKA: Just a neat way of summing
19 up a set of facts.

20 THE COMMISSIONER: It is a neat leading
21 way of setting out the facts.

22 MR. SOPINKA: This is cross-examination.

23 THE COMMISSIONER: It is, you are quite
24 right.

25 MR. SOPINKA: I am surprised. I have
troubled my friend so seldom that the first question



E 8

I ask he wants to object, especially, as his tenure here is being challenged in some quarters.

THE COMMISSIONER: Mr. Young, what do you say about that?

YOUNG: I have some doubt as to whether or not -- I am certainly sure Mrs. Radojewski will give us a tremendous opinion, a well thought out legal opinion, but I am not sure it is appropriate, sir. I think you seem to have already ruled on this matter, but I am not sure it is appropriate to ask for this witness to comment about a decision of a judge of the Provincial Court.

MR. SOPINKA: I am not asking about a decision.

MR. YOUNG: Well, that is what it sounds like, Mr. Sopinka.

THE COMMISSIONER: Anyway I am going to allow it. I hope it won't occupy too much time, but I am going to allow it. I say it, with great respect, to Judge Vanek. I am not suggesting his opinion is ill formed. You go ahead.

MR. SOPINKA: Thank you, Mr. Commissioner.

Q. I am reading from page 64 of the Decision.

"I do not propose to speculate upon the



E 9

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2 exact identity or object of the person
3 who is responsible for all of these
4 unusual incidents, the threatening
5 phone calls, including the significant
6 reference to baby killer, the X marks
7 made in lipstick and the propranolol
8 found in the soup and salad. They are
9 so bizarre and interrelated that it is
10 entirely reasonable to accept that a
11 single person was responsible for all
12 of them. On consent of counsel for the
13 accused filed certain material in the
14 nature of alibi evidence to prove that
15 that person was not Susan Nelles. I
16 do not take this alibi evidence into
17 account, because the issue in this
18 Inquiry, in my view, is whether a case
19 has been made out for committal in the
20 Crown's evidence, however, quite apart
21 from the alibi evidence, which would
22 constitute positive disproof, there is
23 simply no evidence to show that Susan
24 Nelles is, in fact, the person who
25 created these unusual incidents. For
example, it is extremely unlikely that



E 10

could have entered the hospital
reptitiously at 2 o'clock in the
morning to put propranolol in the
[redacted]'s food or ascertain the exact
location of Trayner's motor car in the
underground garage and unlikely, as
well, that she could have made all of
the foregoing numerous threatening
phone calls."

MR. YOUNG: Sir, I will rise one more
time.

THE COMMISSIONER: That is a
conclusion of facts.

MR. YOUNG: That is right. Judge Vanek
incurred a great deal of evidence, I imagine, from
a number of individuals on these various points and
to ask her to comment on what Judge Vanek did,
deliberated on for quite a while, it seems to serve
no purpose, not to this Inquiry.

THE COMMISSIONER: I am allowing it.
If you want to ask whether -- well, you pose your
question.

MR. SOPINKA: Q. Mrs. Radojewski,
with respect to the incidents of which you had
knowledge, and based on your knowledge of the



E 11

circumstances, is there anything in there that you disagree with?

No.

Thank you. Dealing with, first of all, the phone call that I believe was made to your home around August 30th, you testified at the preliminary hearing that you did not recognize the voice. Would you agree with that?

Yes.

I will read you the exact question and answer and this is at page 526, Mr. Commissioner.

THE COMMISSIONER: Is that Volume 3?

MR. SOPINKA: Volume 3.

MR. YOUNG: I am sorry, what page?

MR. SOPINKA: 526.

Q. At line 15:

"Q. Was this a male or a female?

A. It appeared to be a female voice, a young female voice.

Q. Do you know who it was?

A. No.

Q. No one you recognized?

A. No, the voice sounded as if it had been muffled or disguised in some sort of way.



E 12

Trayner dies first then Scott'?

Yes.

Is that correct? It wasn't

reminiscent of Susan Nelles' voice?

I couldn't say that, no.

You couldn't say it was her?

No."

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2 Were you asked those questions, did
3 you give those answers?

4 A Yes.

5 Q And were they true?

6 A Yes.

7 Q You were under oath at the time?

8 A Yes.

9 Q And then at page 606, line 20:

10 "Q And did you form any opinion as
11 to who was making the phone calls or
12 specifically the phone call to you?

13 "A No. I thought I might have
14 been able to recognize the voice but
15 I couldn't.

16 "Q Did you make a suggestion as to
17 who it might have been to any police
18 officer?

19 "A I might have."

20 Were you asked those questions and
21 did you give those answers?

22 A Yes.

23 Q And were they true?

24 A Yes.

25 THE COMMISSIONER: I shouldn't be
doing this, but there is some further -- well, I think



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THE COMMISSIONER: is allowed to do a lot of things.

MR. PINKA: Oh, yes. If you want
to know something else?

THE COMMISSIONER: I would like you
to read the middle of page 607 too.

MR. PINKA: Okay.

"Q. You don't recall doing that?

"A. I believe I spoke with Sergeant
Murray on the telephone, I can't
remember if I saw him in person after
that.

"Q. Can you recall speaking to
Constable Murray about the phone call?

"A. Yes.

"Q. Do you recall what you told him,
that it was a young female voice in
the sort of mid-20 range and that it
sounded as if it was disguised, and
did you offer an opinion as to who
it might have been?

"A. I may have said that it could
have sounded like Susan.

"Q. But you can't be sure of it?

"A. No, I am unsure.

"Q. I take it by Susan you mean
Susan Nelles?



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"A. Yes.

"Q. Did you form any opinion as to
the author of the pills and the
phone calls and the lipstick?

"A. No.

"Q. It is a mystery to you?

"A. It still is."

Is that sufficient?

THE COMMISSIONER: Oh, yes.

MR. SOPINKA: Q. Well, I was going
to pick it up in the transcript at this Inquiry.

Now, when you were asked by the
police about the phone call, I take it that you would
have told them what you swore in your evidence that
you didn't recognize the voice?

A. Yes.

Q. And then I suggest to you that
they said, well, can you offer an opinion as to
whether it was Susan or somebody else in Ward 4, and
then you gave this opinion that it might have been
Susan?

A. I can remember saying that I
would not swear to it but it was a voice similar to
Susan's.

Q. Well, when you gave your evidence



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and this is at page 5605.

MCINTYRE: Which volume is that,

SOPINKA: Volume 113.

COMMISSIONER: What page again?

SOPINKA: Page 5605:

And did you offer any opinion
to the police ... " this is line 19,
as to whose voice it might have
been?

"A. I was asked to offer an opinion
and I was -- I also can remember
saying that I wouldn't swear to this
but it was a voice similar to that of
Susan's."

By whom were you asked to offer an
opinion? I mean, I don't need to know the name, but
was it a police officer, is that what you are talking
about?

A. Yes.

Q. So, you told them that you
couldn't recognize the voice and they asked you if
you could offer an opinion and that's when you came
out with this, that it might have been similar to
Susan?



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A. I remember being pressed by the
police to offer an opinion.

Q. Very good, okay.

A. Now, at the preliminary hearing there
was an exhibit put in, Exhibit 76. I wonder if the
witness could be shown that document. It would be
quite likely that it is in our exhibits.

A. Thank you.

Q. This, Mrs. Radojewski, lists
these bizarre incidents and you wouldn't know about
all of them, but I want to ask you about some of
them because some of your dates weren't too exact,
and I'm not being critical, but I just want to get
these dates down.

A. If you look on page 2 there is an
entry there August 29th between 6:30 and 12. Does
that mean 6:30 a.m. and 12 noon? Do you see that
entry?

A. Yes, I do.

Q. Okay. And then lipstick mark X
reported by - received or reported by Mr. Trayner,
location front door of apartment. Were you aware of
that one?

A. I was aware of some marks put
on their door. I don't remember if it was that
specific one.



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Okay. Then on August 30th at 1405, that is 2:05 phone call, kill Trayner, received by Sergeant Hill of the Homicide Squad Office and dial directly not through operator. Were you aware of that one?

Q No.

A And then August 30th, 12 noon to 4 p.m. lipstick mark X reported or received by Mr. Trayner, front door of apartment, rusty pink lipstick. Were you aware of that one?

A Again, I was aware of several but I don't recall the times or the dates.

Q Well, anyway, at the same time apparently there was some lipstick found or reported on the fire hose door at the same apartment. Do you see the next entry there?

A Yes.

Q And then the next three entries are the phone calls that you talked about. Would that be the right date, August 30th?

A Yes.

Q And then on September 20th, that's on page 3 about half way down the page, between 1650 and 1415, lipstick Mark No. 1.

THE COMMISSIONER: Is that reversed,



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or what has happened?

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MR. SOPINKA: I'm not sure. But the lipstick mark, we'll forget the No. 1, maybe that's what the -- were you aware of a lipstick mark having the number 1?

THE WITNESS: Yes, that's how it had been explained to me.

MR. SOPINKA: Q I see. And that was reported by Phyllis Trayner found on her auto above-ground parking lot at Hospital for Sick Children on the front windshield. Were you aware of that one?

A. I was aware of some markings on her car, again, I don't recall the time.

Q And then on September 25th propranolol in soup and salad. Do you see that one on that page? Is that the one that you were telling us about, Phyllis Trayner and Sui Scott reported it?

A. Yes.

Q And then on page 4, October 7th at 1915, propranolol in yogurt reported by Phyllis Trayner, Ward 4A, not reported to police until October 9th. Do you know why it wasn't reported to the police until then?

A. No, I don't recall.

Q And that's the incident that



F.8

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2 You were telling us about when Mr. Hunt just examined
3 you, is it?

4 Yes.

5 Do you know whether the yogurt -
6 did you see the yogurt?

7 Yes.

8 Was it full or half eaten?

9 From what I can remember it
10 looked just about full.

11 I see. Now, Mrs. Radojewski,
12 bearing in mind the statement that you agreed with that
13 most of these things it was assumed were being done
14 by the same person, I want you to take into account
15 the following facts that were established at the
16 preliminary and will be established here.

17 THE COMMISSIONER: I am sorry, are
18 we talking now about the threats?

19 MR. SOPINKA: Yes.

20 THE COMMISSIONER: Did she say that
21 most of them were done by the same person?

22 MR. SOPINKA: Well, I read what Judge
23 Vanek said and she agreed with that.

24 THE COMMISSIONER: Oh, yes, I see.

25 MR. SOPINKA: Q I want you to take
into account the following facts:



F.9

On August 29th when a lipstick mark was found on the front apartment of the Trayner apartment, Susan Nelles was in Ottawa staying with a friend attending a wedding. I don't want you to comment at the moment but I want to give you all these facts.

On August 30th when you received these phone calls and when there were other lipstick marks shown, Susan Nelles was in Ottawa, she left Ottawa, travelled by train with a friend to Belleville where she was joined by Dr. Nelles, her father, and her mother, drove to Mississauga, from Mississauga went to Burlington and in the evening attended a party with relatives, she did not leave the house and was not seen to be making any phone calls.

Then on September 20th when the lipstick Mark No. 1 was found on the Trayner vehicle she was in Vancouver.

On September 25th when the propranolol was found in the soup and salad she was in Belleville.

Would you agree with me that you never saw her around there during any of these incidents?

A. I hadn't seen Susan, no.

Q. I want to tell you further that a number of nurses testified at the preliminary hearing

(2)



F.10

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2 that they had not seen Susan in the Hospital the night
3 of September 25th at any time, and that's the night
4 when there was the propranolol in the soup and the
5 salad and for the record that testimony was as follows:

6 san Reaper, Volume 8, page 60,
7 Yvonne Lyons, Volume 8, page 123, Mary Jean Halpenny,
8 Volume 9, page 76, Mary Lynn Barnett, Volume 16, page
9 127.

10 Now, you don't know all of this of
11 your own personal knowledge, but given the nature of
12 your evidence about this phone call and given those
13 facts, and I am asking you to accept those facts for
14 the moment, you don't really believe that Susan made
15 that phone call, do you?

16 A. No, I don't, and I didn't
17 believe it at the time. It was a description of the
18 voice.

19 Q Thank you very much.

20 Now, I want to read to you something
21 else that you said at the preliminary. This is the
22 same volume, 522, line 12:

23 "Q Lipstick, right. Well, to your
24 knowledge, have they ever found the
25 person who was responsible for these
life threatening calls to Mrs. Scott's



F.11

'children and to Mrs. Trayner,
Q. Did you put the X on Mrs. Trayner's

A. To my knowledge, no.

Q. To your knowledge they still
haven't. Again, as a matter of common
sense it is not unreasonable to
assume that there is a lunatic about
in the light of all that you have
told us this afternoon, is that right?

A. Yes."

Q. Were you asked that question, did you
give that answer?

A. Yes.

Q. And was it true?

A. Yes.

Q. And have you changed your mind
about the possibility or it being reasonable that
there was a lunatic about in the Hospital doing these
things?

A. I don't know that I would use
the word "lunatic" today, but there was certainly
some bizarre incidents that were unexplainable.



DM.jc
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Well, let's say it is not a lunatic, but a sane person, but is it not reasonable to assume, you just said you don't believe Susan, that there was some other person that was doing all these things in the Hospital?

Someone had to be doing them, yes.

And is it not a person who had a rather intimate knowledge of the personnel and the Hospital, knew where the cars were parked, knew who was working on the 4th floor, et cetera? Knew where the girls left their soup, or yogurt, is that right?

Yes.

Q Would you further agree with me that it must have been someone that had a reason for doing this, related to the deaths of the children, assuming of course that there is some untoward conduct that led to their death, which this Commission has not decided yet?

A I don't know, could you just repeat that, please?

Q What I am saying is, if all of these things happened, after there had been a police investigation and arrest, et cetera, can you think of any reason why all this was being done



G.2

unrelated to those circumstances?

THE COMMISSIONER: Do you understand the question?

THE WITNESS: It is still confusing, but I think it is the time frame I am having trouble with.

SOPINKA: Q. Well, I will put it more bluntly. I mean, you have said somebody was doing these things. Assuming that there had been foul play with respect to these children, would it not be a reasonable assumption that whoever was doing them was also involved in some way in the foul play?

A. At the time we had some concern, yes.

THE COMMISSIONER: I am sorry, you had some concern with what?

THE WITNESS: Along those lines.

THE COMMISSIONER: Concern with what, with the person who was doing it had something to do with the foul play?

THE WITNESS: No, I am sorry. I can remember we had concerns for our patients' safety around the same time. I am sorry, I just find it confusing.



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SOPINKA: Q That would be because whoever was doing these things you would have thought that they were in some way a danger to the children, otherwise you wouldn't have had a concern for the safety of the children by reason of these events?

The thought had crossed our minds.

COMMISSIONER: Well, just like any other suspicion, this is one I would like to have a basis for. I think we probably should have started with the reason why she had that suspicion. I don't know whether you want to follow it up?

SOPINKA: Yes.

Let me get at it this way. I mean, can you think of any reason, assuming for a moment that the person who was doing these things had absolutely no connection with the children as far as any foul play was concerned, can you think of any reason why a person would be doing these things?

A No. Other than looking at all the publicity we had gotten and all of the press coverage and that kind of thing tends to bring out, for want of a better expression, people out of the closet, and you can get phone calls.

Q A kook. I mean, given the answer



G.4

that you have given me that this was a kook who
happened to have inside information, right?

A. Yes.

COMMISSIONER: I am sorry. Perhaps
Mrs. Radojewski knew what you meant by "inside
information". I take it you meant had some knowledge
of the locale, the topography and the movements of
the nurse.

MR. SOPINKA: And the personnel.

THE COMMISSIONER: And the personnel,
not some knowledge of what had taken place necessarily.

MR. SOPINKA: No, not necessarily.

Q Is that the way you understood
my questions, Mrs. Radojewski?

A. Yes.

Q I don't intend to follow that
any further, Mr. Commissioner, unless you want me to.

THE COMMISSIONER: No, no, I don't
particularly at this time I don't want to because we
are going to take a break shortly. Do you want to
go on to something else?

MR. SOPINKA: Yes. I am going to go
on to --

THE COMMISSIONER: Is it long or short?

MR. SOPINKA: No, it is quite short.



G.5

THE COMMISSIONER: Well, if you want
to take it now?

SOPINKA: In fact, my cross-
examination won't last more than ten more minutes.

THE COMMISSIONER: Am I right, is it
say?

SOPINKA: Five to.

THE COMMISSIONER: Well, I am really -
I will leave it to you, it won't take more than ten
more minutes.

SOPINKA: No.

THE COMMISSIONER: All right then,
away you go.

MR. SOPINKA: Q Now, Mrs. Radojewski,
you were referred to a statement that you gave to
Mr. McGee and Mr. Wiley and there are some things in
that statement that I want to ask you about. At page 4 --

THE COMMISSIONER: This has gone out
to everybody I take it now?

MS. CRONK: Yes it has, sir. It has
not been marked as an exhibit yet.

THE COMMISSIONER: I am sorry, does
the witness have a copy of the statement?

THE WITNESS: Yes, I do.

MR. SOPINKA: Q Do you see the



G.6

second last paragraph, there is a part underlined. I take it this statement - these are notes that were made by Messrs. McGee and Wiley. Did you see them taking notes?

I saw them writing some things down, yes.

Now, underlined they have got:

"She was devastated when I appointed Phyllis Trayner as team leader and not her ...",

is that a correct statement?

A. No, it is not.

Q. Did you ever say that to the Crown Attorneys: "that she was devastated when you appointed Phyllis Trayner as team leader"?

A. Not that I recall.

Q. And in fact you did have some discussion about the appointment of Joan MacIntosh as a team leader and there was some grapevine information, not anything direct from Susan that she was upset about that, is that correct?

A. Yes.

Q. Now then, further testing the accuracy of this statement, this last paragraph:

"Susan had difficulties coping with Phyllis as a team leader."



G.7

Q. You say that?

A. I may have said something like that.

Q. Did you say what is in the last three sentences, about Susan?

A. No.

Q. In fact, who did you say that about, if anyone?

A. I don't know that I said those things exactly, but the idea it was concerned Phyllis Trayner.

MR. HUNT: If I can make a comment? My friend's last few questions, I have no difficulty with him. As to them, I welcome them if they are going to clear up this point, but that is clearly - the only relevance to those questions he is asking now are all second phase. I will be asking you to allow me to pursue that, because I didn't get into them for the very reason that I appreciated what your ruling was, and the fact that we were leaving certain things to the second phase and I suppose as my friend was not here when you made the ruling, but I am familiar with what it was, but I left them for that very reason.

THE COMMISSIONER: Yes. Well, it



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won't do any harm, you haven't given the sentences, this is not an exhibit, you have not read out what the sentences are, and you have said that they were not. So I think we can leave it and you will have an opportunity to pursue the matter in the second phase because Mrs. Radojewski is bound to come back.

MR. SOPINKA: Well, I am concerned that this is a document that you have and it contains a glaring inaccuracy about my client that I think should be cleared up.

MR. HUNT: Now my friend compounds the irrelevancy by wanting to argue about what is a glaring inaccuracy. It may or may not be a glaring inaccuracy, we have only heard the one side, that is my friend's argument and I am concerned about that. I am quite content to wait until the second phase when Mr. McGee and Mr. Wiley will be here when I will cross-examine the witnesses on those items which involve the second phase and that is the appropriate time to do it and I am content to do it that way.

THE COMMISSIONER: Well, you have the best of both possible worlds now. You have had your answer.

MR. SOPINKA: Yes.

THE COMMISSIONER: And it has not



G.9

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2 passed on to other people what it was she said, so
3 that's fine.

4 MR. SOPINKA: I don't argue that I
5 have won. I do not agree with my friend that it is
6 not Phase I.

7 THE COMMISSIONER: All right.

8 MR. SOPINKA: Q Now, the last - would
9 you agree with the last point - would you agree with
10 me that you never said --

11 THE COMMISSIONER: Wait.

12 MR. SOPINKA: -- that Susan was callous --

13 THE COMMISSIONER: Wait just a moment
14 now, this is where we are going to have trouble.

15 MR. SOPINKA: This relates clearly -
16 you have allowed evidence about whether or not somebody
17 showed the proper amount of emotion, as is relevant
18 to the cause of death.

19 THE COMMISSIONER: I just tell you
20 this, that if you don't mention what it is I don't
21 have to call on Mr. Hunt again. If you do mention
22 what it is and you are trying to get her to say it,
23 then I am going to have to call on him again to cross-
24 examine.

25 MR. SOPINKA: Only if you agree that
this relates only to Phase II. I am submitting that



G.10

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2 my friend should have dealt with this --

3 THE COMMISSIONER: It relates more
4 to Phase II than it does to Phase I. The association
5 with Phase I is pretty tenuous, because you don't
6 decide that someone has done something merely based
7 on someone's opinion of their character, which is
8 not based upon anything. You see --

9 MR. SOPINKA: Of course I haven't
10 had that expression of intention on your part before.
11 I will leave it if that is your view.

12 THE COMMISSIONER: Well, I have said
13 it several times. Yes, Miss Cronk?

14 MS. CRONK: Mr. Commissioner, just
15 to be perhaps of some assistance. It has been my
16 position and it was certainly during examination in
17 chief of Mrs. Radojewski there were aspects of subject
18 matters apparently discussed at this meeting that
19 related to Phase I, and aspects clearly relating to
20 Phase II. You will recall, sir, that certain
21 particular topics, the fact of this interview having
22 taken place; the fact of certain statements apparently
23 being attributed to this witness were put to Mrs.
24 Radojewski during her examination in chief as a prior
25 inconsistent statement, or at least one that would
certainly seem so. It seems to me Mr. Sopinka may



G.11

2 well be in a position to properly ask about parts
3 of this statement, part of this statement goes to
4 Phase I issues, and surely the one he is dealing
5 with now, (SOPINKA)

6 SOPINKA: I will resolve it by
7 not putting the words, the way I did the other one,
8 I will take your suggestion.

9 THE COMMISSIONER: All right.

10 HUNT: I am not sure I am
11 satisfied with that.

12 MR. SOPINKA: My friend is so
13 sensitive about this statement, and well he might be.

14 MR. HUNT: I am sorry, I thought it
15 was sort of the normal rules when a person made a
16 submission someone else who has an interest can't
17 reply to it, I don't want to shout over my friend.

18 MR. SOPINKA: I don't know how many
19 times my friend wants to reply, he has been on his
20 feet about three times.

21 MR. HUNT: Just so that the matter
22 is fairly aired before you I will be content to sit
23 down.

24 The issue of this particular part of
25 the statement is quite different from those parts that
were dealt with by my friend, Miss Cronk, in chief.



G.12

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2 She did not deal with them, nor did I, for the simple
3 reason that the only relevance they could have is
4 on the Phase II issue. Had I gone into it, and my
5 friend suggests I should, that was a very deliberate
6 effort on my part to live within the rules that you
7 had set down last week for the reasons that you gave.
8 For him to pursue it at all now, in my submission, is
9 to pursue a Phase II matter. At this point, the way
10 it has been left, I am content to wait until Phase II
11 and make my response.

12 THE COMMISSIONER: Firstly I am not
13 going to be the slightest bit worried if Mr. Sopinka
14 merely asks; did you say that, those things, in this
15 statement at the time, if he wants to go on, if this
16 is what he has in mind, did you mean to refer to
17 someone else and not to her. That seems to resolve
18 the problem as far as I am concerned. I can't say
19 you can't go into it. It has very little, if anything,
20 to do with Phase I I agree with you.

21 MR. HUNT: I agree.

22 THE COMMISSIONER: But if he thinks
23 it does. Now there is no question Mr. Sopinka that
24 you will be around for Phase II. There is no question
25 that Mrs. Radojewski will be around for Phase II.
There is also no question that Mr. Hunt will be around



G.13

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2 for Phase II. I would prefer to continue this
3 argument at some later time. I will allow you to ask
4 whether or not this - anything, just point to the
5 sentence, she has a copy: "Did you mean that, did
6 you say that?", and then when Mr. Hunt, if he wants
7 to cross-examine on that basis I will have to
8 consider that problem later.

9 MR. SOPINKA: I am content with that.
10 I just don't like seeing inaccuracies being perpetuated.
11 If my friend wants that last one in I will leave it
12 until Phase II.
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2 Then the last subject. I believe, Mrs. Radojewski,
3 that you around this period were talking about --
4 you did two evaluations of Susan, one on May 26th,
5 1980, and another one in October of 1980, and it is
6 probably not fair to you to just give you those dates.
7 I wonder, Mr. Registrar, if we could have Exhibit 32A,
8 Tab 15, and Exhibit 32A, Tab 16 put before the witness.
9 Do you have those now, Mrs. Radojewski?

10 Yes.

11 Q. Now, there is page 1 that I take
12 it is a sort of a summary and then there are a number
13 of other pages dealing with specific matters. Is that
14 the way it works?

15 A. Yes.

16 Q. Did Susan Nelles also fill in a
17 comparable or identical questionnaire or form?

18 A. She was given an identical form.

19 Q. I have that one, although I don't
20 believe it was introduced in evidence at the
21 preliminary and I can avoid showing you it in detail.
22 Do you recall that your two assessments were pretty
23 close, in other words, her independent assessment of
24 herself is pretty close to your assessment? If you
25 can't remember I can show you her assessment she made
in May of 1980.



H 2

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2 THE COMMISSIONER: I am afraid that is
3 the sort of thing we would have to see ourselves,
4 wouldn't we? Are you going to put it in at some
5 point or not?

6 MR. SOPINKA: If she remembers whether
7 or not her assessment of herself was pretty close to
8 yours I don't need to put it in, but if she needs the
9 assistance of Susan's assessment then I propose to put
10 it in.

11 THE WITNESS: I don't recall that there
12 were any disputes, any discrepancies that were a major
13 issue.

14 MR. SOPINKA: Q. Was she quite frank
15 in her assessment of herself?

16 A. Most of my staff were. I don't
17 recall there being a special concern about it.

18 Q. It is not very long and I can't
19 read all of the writing. Could you just read from
20 Exhibit 32A, Tab 15, which you said about her on May
21 26th, 1950, just the front page?

22 MR. YOUNG: I don't think that date is
23 accurate.

24 THE COMMISSIONER: I am sorry.

25 MR. SOPINKA: May 26th, 1980.

MR. YOUNG: Yes, I think you said 1950.



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Q. SOPINKA: Sorry, it looks like 50.

A. COMMISSIONER: That certainly is a
round of old eyes. Sopinka. I just make 20 year
errors and you make 30 year errors.

Q. WITNESS: In summary, it says:

"... a valuable member of the health
team 4A; learning."

Q. Then the next heading is strength.

Q. What would you say were her strengths?

A. "1. Some previous knowledge of
gynaecology and cardiology.

2. Approach with families,
philosophy of family-centred care.

3. Willingness to learn new
responsibilities.

4. Becoming more self-directing.

5. Helpful with her co-workers,
good-natured."

Q. Then areas requiring improvement?

A. "1. Nursing process - use of
standard care plan and nursing care
plan, documenting problems.

2. Completing nursing
admission charting, i.e. time tests,
vital signs, etc.



H 4

3. Patient conferences,
presenting them.

4. Continued learning in
cardiology."

Q. Then objectives?

A. To "become a back-up person to
her team leader and assuming charge and team leader
duties".

Q. Then that was a realistic
objective, wasn't it, given her qualifications and
ability?

A. Yes, and the target date was a
year; yes.

Q. And you swore at the preliminary
hearing that she was a very fine nurse and you gave
her a very solid evaluation? Is that correct?

A. As I recall, yes.

Q. And then the evaluation dated
October 1980, would you just do the same with that
one and read us the first page. First of all, the
summary.

A. The summary:

"Has grown much in the last year --
maturity and dealing with critical
situations, knowledge of cardiology
increased."



H 5

Q. Then strengths.

A. "1. Supportive team member.

2. Helpful to other team members, peers, families and physicians.

3. Initiative plus, willing to learn new responsibilities.

4. Good assessment skills in pediatric cardiology.

5. Always in good mood, happy."

Q. Then areas requiring improvement.

A. "1. Nursing process - updating nursing care plans and documenting problems on nursing care plans.

2. Some team leader skills - working with student nurses.

3. More trust in fellow workers - when acting as team leader."

Q. The the objectives.

A. "1. Team leader course when vacancy available.

2. Improve nursing care plan and use of nursing processes; give a patient conference."

Q. Was that a realistic objective for her to have?



H 6

THE COMMISSIONER: Is that last word
"conference" or "confidence"?

THE WITNESS: Conference.

THE COMMISSIONER: "Give a patient
conference". I see, all right.

THE WITNESS: I am sorry.

SOPINKA: Q. Was that a realistic
objective for her to have had?

Yes, I believe it was.

MR. SOPINKA: Fine, thank you. Those
are my questions.

THE COMMISSIONER: Yes, all right.
Thank you. We will take a 20 minute break.

--- Short recess

--- On resuming

THE COMMISSIONER: Yes, Mrs. Forster?

CROSS-EXAMINATION BY MS. FORSTER:

Q. Mrs. Radojewski, my name is
Elizabeth Forster and I act for Phyllis Trayner. I
just have a few questions for you this morning.

First, can you tell me what the duties
of a team leader on Ward 4A were during this nine
month period?

A. She was responsible for direct
supervision of patient care. She assisted the head



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H 7 2 nurse in co-ordinating the efforts of the health team
3 for the patients. She was delegated to in charge,
4 sometimes when the head nurse was off, and in charge
5 duty on weekends and on long nights. I just can't
6 think of an awful lot more right now.

7 Q. Other than obviously being a
8 person in charge on long nights, were her duties any
9 different at night than they would be in the daytime?

10 A. During night she -- it could be
11 perceived as perhaps more responsibility, because the
12 head nurse wasn't available, as a resource person or
13 someone to help her co-ordinate these things. There
14 were on occasion times when she would have to look
15 after a patient, would be assigned to one or two
16 patients that usually were perhaps close to discharge
17 or that sort of thing. They required minimum care.

18 Q. And in addition to those duties
19 would she often be the person who relieved other
20 nurses on their breaks?

21 A. There were times, yes, when she
22 did relieve.

23 Q. Would she be more likely to
24 relieve a constant care nurse on her break than, say,
25 another nurse because of what you said that usually
an RN is preferable?



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A. I am not exactly sure what they did on nights, but I do know, I assumed that very often she did do the relieving on constant care, certainly on the day shift and very often it was the team leader.

Q. In addition she would often give medications for

A. She always gave medications for registered nursing assistants.

Q. Would it be the responsibility of a team leader to attend at any cardiac arrest occurring either on her ward or on Ward 4B?

A. It was definitely her responsibility on Ward 4A and I know that they did lend a hand on Ward 4B, yes.

Q. She would be expected to attend on an arrest on 4B?

A. I guess I have trouble with the word expected, but I understood that she would go, yes.

Q. All right. When an arrest occurred on her ward would she be responsible for ensuring that all of her team members responded?

A. Very often a team leader was perhaps directing some of the aspect of a cardiac



H 9

Q. I take it that you knew Mrs. Trayner on Ward 4A before she -- 5A, before she became a team leader on 4A?

A. Yes, I did.

Q. Did you regard her as a competent nurse?

A. Yes.

Q. Did she appear to be concerned about the patients on her ward and under her care?

A. Yes.

Q. As part of your duties, as head nurse, you were required to review her performance from time to time?

A. Yes.

Q. I am showing you what appears to be a performance review of Phyllis Trayner, dated November 6th, 1980. Can you tell me whether that was a performance review that you conducted of Mrs. Trayner?

A. Yes, it was.

Q. Is that your signature on the bottom of page 2?

A. Yes.

MS. FORSTER: I wonder if that might be marked the next exhibit, please.



THE COMMISSIONER: 373.

EXHIBIT 373: Performance review of
Phyllis Trayner, dated
November 6, 1980.

WITNESS: Q. Mrs. Radojewski, as
you did for me, would you mind reading out
the first page of the actual evaluation, which is
the second page of Exhibit 373?

A. Yes. In summary:

Phyllis is an eager and willing
learner, likes her team leader role
and is beginning to find her own
style of leadership."

Q. And under strengths?

"1. Ability to make decisions
at the team leader level.

2. Willingness to accept more
responsibility as team leader and when
delegated as nurse in charge.

3. Self direct --"

THE COMMISSIONER: Can I just ask what
that means "when delegated as nurse in charge"? What
does that mean "when delegated as nurse in charge"?
Isn't that the same thing?

THE WITNESS: Not necessarily. I was
the nurse in charge during the day shift and I had a



team leader who worked with me.

THE COMMISSIONER: Oh. So that is a step up then from the team leader, is it?

THE WITNESS: Yes.

THE COMMISSIONER: Sort of acting head nurse; is that what you meant?

THE WITNESS: All of the team leaders were able to be delegated as a nurse in charge. If I had a day off during the week they then took my place.

THE COMMISSIONER: Yes, all right. Go on to .

THE WITNESS: "3. Self directed in finding learning opportunities for herself and team members. Seems to enjoy the teaching and supervising aspect of the team leader role.

4. Ability to recognize patient centred problems and eagerness to problem solve on her own and as a team conference."

MS. FORSTER: Q. Then areas requiring improvements?

A. "Maturity and professionalism in handling critical situations and her



"own feelings about the situations.

2. Inter-personal skills and

working with team members.

3. Calmness in critical

situations and more trust in team

members' performance.

1. Ability to accept input from

team members and the decision-making

process."

Then objectives?

"Team conferences, patient

attended at a minimum of two per month.

2. Two saves per month."

Q. Can you tell me what saves are?

A. I can't recall, I am sorry, it

has been a couple of years. I just can't remember

what they stand for. It is a tool for evaluating

the care that the child receives if you can imagine

it from a child's point of view.

J. All right.

A. "3. Updating and assessing the

nursing care plan, nursing orders and

assisting team members in this.



4. Improving inter-personal
skills with team members by improved
communication."

With number 4, improving inter-
personal skills you give a target date of February
1981.

Yes.

And had Mrs. Trayner, in fact,
improved her inter-personal skills by that target
date?

I felt she had in a sense, that
there were, that nothing comes to mind that she
wouldn't have achieved that.



BmB. J.
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And would you agree with me
that overall this is a pretty good evaluation?

Yes.

Now, you mentioned in your
evidence last week one incident --

YOUNG: Excuse me. Before my
friend puts this document away, and I don't know
whether she is ready to do that or not but there are
a couple of comments on page 6 that are extremely
relevant to this Inquiry:

Problems with interpersonal skills
have been mentioned by peers
and team members in regard to
critical situations in the decision-
making process."

And I would submit, sir, that too
should be put to this witness and perhaps she could
explain that and assist us in understanding just
what was meant by that. In view of our mission at
this Inquiry I think that would be quite helpful.

THE COMMISSIONER: I am not going
to require it, Miss Forster, you can do what you like.

MS. FORSTER: Well, it is my cross-
examination, sir.

THE COMMISSIONER: Yes.



I.2

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3 FORSTER: But if it will make
4 Mr. Young happy I don't mind asking her about it.

5
6 Could you turn to page 6 of
7 the evaluation, Mrs. Radojewski?

8 Yes.

9
10 Mr. Young was referring to
11 what appears to be in your handwriting in the second
12 box,

13 Yes.

14 "Problems with interpersonal
15 skills have been mentioned by peers
16 team members in regard to critical
17 situations in the decision-making
18 process."

19 Yes.

20 Can you tell me what problems
21 you were referring to there?

22 I don't recall, other than
23 the episode that she had with Susan Nelles with her
24 team member.

25 Q Was the episode about the
disagreement over calling a Code 23 versus a Code 25?

A Yes.

Q And when you conduct a
performance review of a nurse, I take it that you



I.3

1
2 sit down and review this evaluation with them?

3 A Yes.

4 Q Was it at that time that you
5 discussed with Mrs. Grayner the disagreement that she
6 and Miss Welles had over the calling of the Code 23?

7 A I didn't recall earlier the
8 specific time but it would make sense that it was in
9 this time frame of her evaluation, yes.

10 Q All right. And you told us
11 earlier that you can't recall what child was involved
12 over this disagreement?

13 A Yes.

14 Q And you do recall however that
15 it occurred during the nine-month period under review
16 by this Commission?

17 A Yes.

18 Q And I take it then that the
19 child, whichever child it was, eventually died?

20 A That was my recollection, yes.

21 Q And I would suggest to you that
22 under those circumstances the child must obviously
23 have been in pretty critical condition?

24 A Yes.

25 Q And is it not appropriate in
such situations to call Code 25's?



I.4

YES.

In fact, have you told your team leaders it is better to be safe than sorry and if they are in any doubt at all as to the condition of a child that they should feel free to call a Code 25?

Yes, provided they have done a proper assessment of the situation it is better to call it, yes.

All right.

YOUNG: Excuse me, Mr. Commissioner, one further question and again I apologize for interrupting my friend but I am having a little difficulty reading that paragraph. Does it say problems and situations, plural, in both cases?

MS. FORSTER: Problems with inter-personal . . .

MR. YOUNG: Yes, and then reading on, not situation, but situations, is that correct?

THE COMMISSIONER: It does seem to say problems and it does seem to say situations.

MR. YOUNG: Thank you.

THE COMMISSIONER: But all you can recall is the one occasion, is that correct?

THE WITNESS: Yes.

MR. YOUNG: Thank you, sir.



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12. FORSTER: Mr. Registrar, I wonder
13. if Exhibit 366 could be given to the witness,
14. please. Could you turn to page 3 of Exhibit 366,
15. please, Mrs. Radojewski.

16. Mrs. Radojewski, I understand
17. this page is a summary of the medication errors that
18. were reported on Wards 4A and 4B during the nine-month
19. period. By my count there are some 23 errors and
20. 12 of them relate to digoxin.

21. Can you tell me, first of all, is it
22. your experience that generally about half the reported
23. errors that come to your attention involve digoxin
24. on cardiology wards?

25. A. Yes.

26. Q. And is there any reason for that?

27. A. It is the most common drug that
28. we deal with on the ward.

29. Q. Is there anything peculiar
30. about digoxin which would make it more error prone?

31. A. In looking at this list, there
32. were errors in 'not the correct time' and we do
33. digoxin levels on certain of our patients and that
34. required that the digoxin be given at a time different
35. than the normal and that at times seemed to be where
36. quite a few errors were made.



I. 8

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2 We also see some errors though
3 with digoxin that pertain to the wrong dose. Is there
4 anything peculiar about the manner of giving digoxin
5 and the dosages that make it more subject to errors
6 compared to, say, some other drugs given on those
7 wards?

8 We used extremely small doses
9 which may account for some of it.

10 Q Anything else that you can
11 think of?

12 A I can't right now, I'm sorry.

13 Q We have also heard evidence at
14 this Commission from Dr. Spielberg who is a pharma-
15 cologist at the Hospital who said that in his
16 experience the vast majority of medication errors in
17 a hospital go undetected and that the person making
18 the error doesn't even know that they have made it.
19 Is that a proposition with which you would agree?

20 A The literature that I have
21 looked at suggests that and if you don't know you
22 are making an error then you can't report it.

23 Q Is it fair to assume then that
24 in addition to the 23 reported errors that occurred
25 on 4A/4B during that nine-month period, more than
likely there were many, many other errors that nobody



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Q. Now, when you were asking?

A. Yes.

Finally, you have told us about the threatening phone call that you received after the arrest of Miss Nelles. Can you tell me what your reaction was upon receiving that call?

A. I was extremely distressed and very upset.

Q. Were you scared?

A. Yes.

Q. And what was Mrs. Trayner's reaction to these threats?

A. I recall her being extremely nervous about them.

Q. Was she also scared?

A. Yes.

MS. FORSTER: Thank you. Those are all my questions.

THE COMMISSIONER: Yes, thank you.

Mr. Roland?

CROSS-EXAMINATION BY MR. ROLAND:

Q. Mrs. Radojewski, my name is Ian Roland, I act for the Hospital.

I have a couple of questions about some of the babies you discussed with Miss Cronk.



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First of all, Amber Dawson. You told us that you spoke to Dr. Contreras about Amber Dawson and that you eventually heard from him the results of the autopsy. As I look at the mortality and morbidity meeting minutes in September, I see Amber Dawson was discussed in one of those meetings.

As I understand your evidence, generally you concluded as a result of the discussions in those September meetings that as far as you were concerned there was no particular concern about the cause of death of any of those babies, and that would include Amber Dawson. Is that fair?

A. Yes.

Q. Miss Cronk asked you about Kelly Monteith, and that's the baby in which there was a catheterization procedure done the day before Kelly Monteith died. We heard from some of the medical experts, including Dr. Hastreiter, that that can be a difficult procedure for a small infant - Kelly Monteith was I think two months old - and that that can in some instances trigger an arrest. Is that your experience as well with respect to catheterizations?

A. In triggering an arrest in the time frame of during the catheterization?



Q Or afterwards?

A Certainly when an infant, a small infant goes for a cardiac catheterization and they are ~~not~~ ~~intended~~ to begin with, meaning they are very ill or ~~in~~ with, it does happen, yes, it's risky.

Q All right. On to another topic dealing with the dispute, the single dispute between Nurses ~~Waller~~ and Trayner, you have told us that that was a debate about whether a Code 23 or Code 25 should be called. Am I correct on that?

A Yes.

Q And you have told us I think just now that it is preferable if there is any doubt to call a Code 25?

A Yes, provided the assessments have been made.

Q And the assessments that need to be made I take it are assessments concerning the child itself and in particular whether a child has a pulse?

A Yes.

Q Yes. Just so that we understand that debate, part of a Code 25 I take it is CPR?

A Yes.



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2
3 It is an integral part of calling
4 a Code 25, commencing CPR?

5 A. Yes.

6 Q. Am I right?

7 A. Yes.

8 Q. And commencing CPR includes
9 compression on the outer chest wall?

10 A. Yes.

11 Q. And you don't do that, as I
12 understand it, if the child has a pulse; even though
13 faint, a regular pulse?

14 Let me ask you this then. Compressing
15 the chest wall is really mechanically squeezing the
16 heart, to put it in layman's terms; that's what you're
17 doing, aren't you?

18 A. Yes.

19 Q. You are mechanically squeezing
20 the heart, and you are doing that to try and force
21 blood out of the heart and through the circulatory
22 system?

23 A. Yes.

24 Q. And to do that, to mechanically
25 press on the chest wall and squeeze the heart would
be dangerous, would it not, if the heart was still
beating on its own because it might, among other things,



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3 cause a ~~dysrhythmia~~ with the heart; that is, it might
4 interrupt that weak pulse?

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A. Could you repeat that, please?

A. Well, pressing on the chest
walls ~~and compressing~~ the heart, if the heart is still
beating if it has a regular pulse, might do some
positive harm to that heart's regular rhythm or beat
because it might work against that beat and cause a
dysrhythmia.

A. Yes.

Q. So, the reason you don't want
to start this compression on the chest wall while
the heart is still beating is because it might cause
some positive harm to the heart in that it might
stop that heart from carrying on its regular rhythmic
pumping, even though weak?

A. Yes.

Q. Yes. And in an arrest situation
when the heart has stopped, what is important is it
not is to get that heart beating again on its own
if possible?

A. Yes.

Q. Yes. No matter how faintly?

A. Yes.

Q. Now, apart from the harm that



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3 may be caused to the heart compressing on the chest
4 wall and carrying out CPR if the heart is still
5 beating, I take it that can also cause harm to other
6 parts of the chest or the internal chest wall and so
7 on, it may cause some rupturing of some sort, that is,
8 the actual forcing on the chest wall; that has
9 happened from time to time, isn't that so?

10 A. Yes, if it isn't properly done.

11 Q. Yes. Or even if it isn't
12 properly done, it may happen from time to time that
13 you may cause some internal rupturing?

14 A. Yes.

15 Q. Yes. And that is a risk that
16 you run when you do that mechanical pressing on the
17 chest wall in the course of carrying out CPR?

18 A. Yes, it is.

19 Q. Yes. When you call a Code 25
20 it is thought that a Code 25 by its definition has
21 as part of it the fact that the heart has stopped
22 beating and CPR commences. Isn't that part of the
23 definition of a Code 25?

24 A. Yes.

25 Q. A Code 23 on the other hand,
as I understand it, is a situation where you may be
close to an arrest but there is still a pulse, the



I.19

1 heart is still beating no matter how faintly and
2 what you are doing is, you are looking for assistance
3 from a doctor, so you call a Code 23, the crash cart
4 may even be wheeled into the room, but you don't
5 commence CPR.

6 That's right.

7 That's right. So, was the debate
8 then in that context, was the debate between Nurses
9 Nelles and Traylor in the infant that you can't name,
10 you can't identify for us, was it in that context
11 on whether it was prudent to start a Code 25 and the
12 associated CPR or to call a Code 23 because there
13 was still some pulse that was detectable from that
14 particular infant?

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Q. It may have been, I don't recall
but it may very well have been.

Let's turn to another subject.

We have heard a great deal about signing medications
and most of it in the context
of Baby Miller and the gentamicin that apparently we
heard Susan Nelles signed the chart, although that
drug was given to Baby Miller by Nurse Trayner. I
note in going through Exhibit 300, Tab 4A, which is
the 4A meeting book, at page 180, that there was -
do you have that? It is just a short note which
appears to be in your handwriting.

THE COMMISSIONER: What page?

MR. ROLAND: Page 180, Mr. Commissioner.

Q. Page 180 right at the back of the
book. The date is January 28th, 1981, and there seems
to be a short note by you of a meeting with Sue Nelles,
Mrs. Christie and Phyllis Trayner and two other nurses
and another nurse, talking about:

"The conference that had occurred the
previous Friday on legal issues in
nursing and implications for us
especially on charting and POMR ..."

which I understand is Problem Oriented Medical
Recording?



J 2

Q And that was a meeting that you had with [redacted]?

A Yes, and I take it you were discussing what they had heard at the conference the previous Friday?

A As I recall I had attended the conference and I was sharing with them the knowledge that I had picked up.

Q They had not attended, it was you that had [redacted]?

A Yes.

Q And you talked about the implications, the legal issues in nursing and the implications for nurses, and in particular charting. Was there discussion in that meeting that you had with these nurses about the right way to chart and the wrong way to chart, and in particular that you don't sign someone else's name, or you don't sign your own name when you have not given the drug; were those topics discussed?

A. Not that I can recall. The theme of the legal issues in nursing had to do with going to inquests and then in turn looking back at the

J 3
charting we had done. There was some discussion at that conference, it was more like a workshop, some discussion about the benefits of POMR as opposed to the older style of charting that we had done. From recalling that I would think that was probably the only

Q. And there wasn't any focus on, for instance, signing a chart when you hadn't actually given the medication, or made the observation yourself?

A. Not that I can recall.

The other day Ms. McIntyre asked you about whether or not you had any meetings with doctors, or attended meetings on a regular basis at which doctors were present to discuss individual deaths. Of course you have told us about the mortality and morbidity meetings, the three that you attended. Apart from those meetings, as I understand it throughout the nine month period, there were daily morning cardiology meetings on the ward, in fact in the room right next to your office I believe, and those were attended and continued to be attended by doctors and any interested nurses who are quite entitled to attend those meetings, and among other things are discussed at those meetings any deaths that may have occurred on the ward the previous night. Did you attend any

1
J 4 2 of those meetings?

3 A. No, I did not.

4 Q. You were free to attend them I
5 take it if you wanted to?

6 A. Yes.

7 Q. They were in the morning and they
8 were during your shift?

9 A. Yes.

10 Q. And you knew those meetings were
11 going on and they were conducted daily, on the ward?

12 A. Yes.

13 Q. In addition, if you wanted to talk
14 to a doctor in the morning after learning of a death
15 on the ward the night before, I gather you knew that
16 you could - you had really a free choice of going to
17 any doctor you wanted to talk at the end of that
18 meeting, they would be coming out of that room right
19 next to your office. If you wanted to talk to any
20 of them about a particular death the night before
21 that was an opportunity to discuss that death with
22 the doctor, wasn't it?

23 A. It was an opportunity, yes.

24 Q. And did you do that on any
25 occasion?

A. I may have, I don't recall.



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3 There was some discussion the
4 other day about the nursing practice of signing
5 medication in particular digoxin, and whether
6 it was one or two nurses that were supposed to sign
7 for medication. As I understand your evidence is
8 that throughout the time period that we are
9 concerned with the practice was that only one nurse
10 need sign the medication chart for digoxin, but that
11 two nurses were to check the dosage; am I correct in
12 that?

13 A. Yes.

14 Q. Was that the practice as far as
15 you knew it throughout the period in question?

16 A. Yes.

17 Q. That nine month period?

18 A. Yes.

19 Q. You have told us that digoxin is
20 a very familiar drug on the ward. In fact this
21 morning you have told us probably the most common drug?

22 A. Yes.

23 Q. Indeed it is so common, is it not,
24 not only on the ward, but generally, that infants and
25 children and adults are on regular daily dosages
outside of hospital institutions, and there are
virtually hundreds or thousands of people who are on



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Q. On a regular daily basis?

A. Yes.

Q. And in terms of checking the
doses that are made up for the administration to
patients what you are talking about I gather is the
paracetamol doses, that is elixir rather than IV,
because the IV is something that would be given by
a doctor, and not only would it be made up by a nurse
but it would be checked by the doctor?

A. Yes.

Q. So when we are talking about two
nurses checking a dosage of digoxin, we are really
talking about the elixir, aren't we?

A. Yes, or, I am sorry, the oral
tablets.

Q. Or the oral tablets. We are not
talking about the IV doses, and we are really not
talking about intermuscular doses because those were
not given much, if at all, during this nine month
period, those were an earlier kind of medication in
time, aren't they, or an earlier mode of admini-
stration. There were not many intermuscular doses
given in this nine month period in the - indeed in
the 1980's, it is a way that digoxin was administered
years ago?



J 7

1 We discouraged the order if we
2
3 IM digoxin.

4 THE COMMISSIONER: It is painful, isn't
5

6 THE WITNESS: Yes, extremely.

7 ROLAND: Q. Finally. The other
8
9 some discussion arising out of the
10 Gillespie report. Ms McIntyre asked you about the
11 report and put it in, and indicated that at least as
12 far as she thought that it may not be a correct
13 assumption that errors, the number of errors actually
14 recorded were all known errors, even with a non-
15 punitive error reporting system. Ms. McIntyre went
16 on to say, so perhaps that theory of a non-punitive
17 reporting system is not one that ensures actual
18 reporting.

19 I take it that from your experience at
20 the hospital there has always been a non-punitive
21 error reporting system, there has never been - the
22 alternative of course is a punitive reporting system.
23 From your own experience it has always been a non-
24 punitive error reporting system, isn't that so?

25 A. Yes.

Q. And the theory of that I gather
is to encourage nurses and doctors who may make errors



J 2 to report their errors and not fear that they may be
3 punished as a result?

4 Yes.

5 Q. And the reason you want medical
6 staff not to fear to report errors is not for the
7 purposes of punishing them, but in order to ensure
8 that an error is not - an error that is detected is
9 reported, not only to know that an error has occurred,
10 but in order to safeguard patients who may need some
11 medical response to that error?

12 A. That was my understanding, yes.

13 Q. Have you ever worked in a punitive
14 error reporting system?

15 A. No, I don't believe I have.

16 Q. I take it then you wouldn't be
17 here, in spite of Ms. McIntyre's questions and
18 comments, you wouldn't be here advocating a punitive
19 error reporting system?

20 A. No.

21 Q. Finally, this is my last question.
22 You said, I think in response to both Ms. Cronk and
23 Ms. McIntyre, that in the summer of 1980 the focus of
24 your concern at that time was with respect to these
25 deaths, in the summer of 1980, was on the staff and
the kind of stress that they were going through as a



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...of these deaths?

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A. Yes.

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Q. Do you recall that?

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A. Yes.

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Q. I gather in saying that you are

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not willing as that you were not concerned about the

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high mortality, or the fact that there were all of

9

these babies dying on Ward 4A, and to some extent on

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Ward 4B, you were also concerned about those babies

was that?

11

A. Oh, yes.

12

Q. And it was because of that concern

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that you spoke to Dr. Contreras, and you went to the

14

mortality and morbidity meetings and so on?

15

A. Yes.

16

Q. So that when you tell us that the

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focus of your concern was on the stress that was being

18

caused your nursing staff, I take it that does not

19

belittle or take away from your own concern as well

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about the fact that these deaths were increasing and

21

were occurring on a more regular basis on Ward 4A

and to some extent on 4B, at night, that was still

a concern for you?

22

A. Very definitely, we were extremely

23

upset that babies were dying.

24

25

J 10 2 MR. ROLAND: Thank you Mrs. Radojewski,
3 those are my questions.

THE COMMISSIONER: Thank you Mr. Roland.

MR. ORTVED: No questions, thank you
Commissioner.

THE COMMISSIONER: Mr. Knazan?

MR. KNAZAN: Mr. Labow is going ahead

10 MR. LABOW: Mr. Commissioner, apparently
11 Mr. Jackman has cross-examination of this witness and
12 Mr. Olah who has some questions
13 is also not here.

14 THE COMMISSIONER: Oh, all right.
15 Mr. Rosenberg is just ignored I take it?

16 MR. LABOW: I assumed if he had
17 questions he would have said so.

18 MR. ROSENBERG: Is that an invitation to
19 go right away?

MR. LABOW: Absolutely.

CROSS-EXAMINATION BY MR. ROSENBERG:

20 Q. Mrs. Radojewski, I just want to
21 ask you about some - Mr. Registrar, could you put
22 Exhibit 364, that is the Patient Incident Report
23 with respect to Murphy; do you have the report?
24
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A. Yes, I do.

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Q. Now I see you signed it as the
supervisor. First of all I want to know, do you
recall anything independently of what is on this
sheet, about that incident?

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A. No, I am sorry, I don't.

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Q. I appreciate that. I just want to
ask you some questions just so you can help me under-
stand it.

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2 First of all, I notice that both
3 Mrs. Scott's and Mrs. Trayner's names are on the
4 report as the staff involved in the incident?

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6 A. Yes.

7 Q. Can you tell me why that is,
8 or do you know? Let me preface this. I would
9 prefer that you not guess. If you have a reasonable
10 inference that you can draw from looking at it, or if
11 you have some recollection, it would be fine. But I
12 would prefer that you not guess, if that is all it
13 would be.

14 A. I don't have any recollection
15 of the incident other than what I see on here. But
16 if I can explain, the error was discovered after the
17 error had been made by someone independently than
18 the two names on here and, if we can then look back
19 on the chart and discover who had signed for the
20 administration of the medication, then that is my
21 assumption why these two names are there.

22 Q. Okay. That is fine.

23 So, we see, for example, that -- is
24 it Cathy Shilton? Is that her name?

25 A. Yes.

Q. -- signed or discovered the
incident. She was either the team leader or the
acting team leader on the day shift following the



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1
2 incident. You can take that from me.

3 A. Yes.

4 Q. Now, just from the questions
5 that were just asked you, I would have thought that
6 one of the goals behind patient incidence reports,
7 particularly where it is, in this situation, not
8 obviously reported at the time but discovered after-
9 ward, as this appears to be, that someone would talk
10 to the nurses involved, is that fair, about the
11 incident?

12 A. Yes.

13 Q. Okay. I am going to suggest
14 to you, though, that you did not talk to Mrs. Scott
15 about the incident.

16 A. I don't honestly recall
17 whether I did or didn't.

18 Q. You have no recollection one
19 way or the other?

20 A. No.

21 Q. I take it that would then
22 go as well for Mrs. Trayner; you have no recollection?

23 A. That's right.

24 Q. I am just going to help you
25 see whether this assists your recollection. Mrs.
26 Scott, at the time, was working the long night shift



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and you, of course, were working the day shift and, although she worked the long night shift on the 19th, she was off on the 20th, she was off on the 21st and she was back on the long night shift the 22nd and, I believe, the 23rd. So, chances are you didn't even see her that week. Would that be fair?

A. I'm sorry, you have lost me on the dates.

Q. Do you have Exhibit 335? That is the WIN sheets. If you want, I will just put the page in front of you.

Can you see that is the relevant week?

A. Yes.

Q. Am I right that she was working August 19th the long night?

A. Yes.

Q. And she was off the next day?

A. Yes.

Q. And the next day?

A. Yes.

Q. Then, back on nights?

A. On the Friday, yes.

Q. Yes. And the next day as well?

A. Yes.



Radojewski
cr.ex. (Rosenberg)

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Q. So, you obviously wouldn't
have seen her when she was off?

A. No.

Q. And since you were yourself
off on the -- well, you were working days on the
22nd; is that right?

A. Yes.

Q. Would you see Mrs. Scott
when she came in for the long night shift?

A. No, I would not.

Q. And Saturday, of course, you
were not working?

A. That is right.

Q. And you were not working the
Sunday?

A. Yes.

Q. So, at least for four or five
days you wouldn't even have seen Mrs. Scott?

A. Yes.

Q. All right. Does that help
you one way or the other as to whether you spoke to
her about it?

A. I don't recall.

Q. Okay. Thanks very much.

I just want to ask you one thing about



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procedure in the Hospital. When the doctor's orders for medication are written up, who transfers that to the drug treatment chart? Whose job is that to do?

A. The transcription of the doctor's order is done by myself or the team leader.

May I explain?

Q. Yes. Sure.

A. You mean just on the medication and treatment record itself?

Q. That is what I am talking about right now.

A. One of the duties of the team leader on nights, as part of her paperwork, was to set up the medication and treatment sheets for the next five days if it was nearing the end of the period on the paper and she would set it up for the next five days or, on occasion, the Registered Nurse who was looking after the patients could do that.

Q. Okay. When it is transferred to the little cards, what are those called?

A. Medication tickets.

Q. That is, as well, the job of the team leader?

A. Team leader or head nurse, nurse in charge.



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Q. It is not the general duty nurse?

A. Not usually, no.

Q. I just want to ask you one more question and, to save time, I am looking at Exhibit 80C. I just want to ask you, on page 140, do you recognize the writing?

MS. CRONK: Excuse me.

MR. ROSENBERG: That is the chart of Paul Murphy.

MS. CRONK: Thank you.

THE COMMISSIONER: What page?

MR. ROSENBERG: Page 140.

THE COMMISSIONER: I'm sorry, which one are we looking at?

MR. ROSENBERG: We are looking at the first large column. There is the date ordered and then medications and nursing treatments and I am asking Mrs. Radojewski if she recognizes the writing for medications and nursing treatments.

Q. Do you recognize it?

THE COMMISSIONER: I'm sorry, it is all through the whole page.

MR. ROSENBERG: I'm sorry, the Lasix.

Q. Do you recognize that writing



K7

1
2 at the top?

3 A. No. It could be several
4 people.

5 Q. And then the entry for
6 digoxin, do you recognize that?

7 A. Again, it looks like the
8 same writing. It could be several people.

9 Q. Is it your writing?

10 A. No, it is not mine.

11 MR. ROSENBERG: Thank you, and thank
12 you, Mr. Labow.

13 THE COMMISSIONER: Thank you.

14 Now, Mr. Labow.

15 CROSS-EXAMINATION BY MR. LABOW:

16 Q. Mrs. Radojewski, my name is
17 Stephen Labow, and I represent the families of six
18 children. While we are on the topic of Paul Murphy,
19 do you have his chart beside you? There was an
20 error that apparently occurred on the 19th of August
21 at 2100 hours --

22 THE COMMISSIONER: What date do we
23 have?

24 MR. LABOW: This is Exhibit 364, the
25 incident report.

THE COMMISSIONER: All right. Oh,
yes, it is the one we have just been referring to?



K8

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MR. LABOW: Yes.

3

THE COMMISSIONER: All right.

4

A. I'm sorry?

5

MR. LABOW: Q. This occurred on the
19th of August at 2100 hours, according to the report?

6

A. Yes.

7

8

Q. Do you recall when you found
out about this problem?

9

A. No, I'm sorry, I don't.

10

11

Q. Do you recall speaking to
Cathy Shilton about it?

12

A. I don't recall.

13

14

Q. Who classifies minor,
moderate or severe, right under your signature,
"incident classification"?

15

16

A. That section is filled out
by the physician.

17

18

Q. So, in this case, it would
be Dr. Wilkinson, I think?

19

A. Yes.

20

Q. Did you consider this to be
a minor error?

21

A. I don't recall the incident.

22

23

Q. Well, he received apparently
twice as much digoxin as he was prescribed. Do you

24

25



K9

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consider that to be a minor error?

3

A. At this time, are you asking

4

me? I'm sorry.

5

Q. At any time.

6

THE COMMISSIONER: Well, I think this
time is easier.

7

8

MR. LABOW: Q. With regard to this
patient at this time.

9

10

THE COMMISSIONER: There is no
recollection of the incident, so she couldn't tell
what she thought then.

11

12

What do you think now?

13

14

THE WITNESS: I don't feel qualified
to make that classification. Those were always done
by the physicians.

15

16

MR. LABOW: Who determines whether the
parents are notified?

17

A. Again, the physician.

18

19

Q. Is there any general rule
regarding the notification of parents?

20

A. I can't recall.

21

Q. Are parents generally notified
when a medication error occurs?

22

23

A. I don't recall. I know there
are instances where we have, yes, but I don't recall

24

25



K10

1
2 for sure.

3 Q. Would you look at page 140
4 of the Hospital record you were just looking at a
5 moment ago.

6 A. I'm sorry, what volume?

7 Q. 80C.

8 A. Yes.

9 Q. According to the incident
report, Paul Murphy was ordered to receive .0625?

10 A. Yes.

11 Q. Right. Crossed out, right
12 beside digoxin, is .625 and .0625 is written above it?

13 A. Yes.

14 Q. Now, isn't it possible that
15 Paul Murphy received ten times what he was supposed
16 to have received if the nurse followed what was
written down on this record?

17 A. No.

18 Q. It is not possible?

19 A. I don't believe that it would
20 be. Certainly, anyone getting five tablets on our
unit would be more than unusual.

21 Q. But you don't have any
22 recollection one way or the other?

23 A. That is right.
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K112

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Q. Could you tell me how Nurse Shilton would find out that the dose was .125?

A. I don't recall.

Q. Well, other than the medication and treatment record, which, in this case, does not seem to be any help, would she find that out from the medication ticket?

A. I don't know.

Q. So, you don't know how she determined that it was .125?

A. I don't recall how she determined that it was .125.

Q. After an error is made, particularly with regard to digoxin, is it common practice, in your experience, to have a digoxin assay done?

A. Not that I can recall.

Q. So, when a child receives a mistake in dose of digoxin, the Hospital or the nurses or the doctors wouldn't suggest that an assay be done to see what the child's digoxin level was?

A. They may suggest it.

Q. Did you speak to anyone after you found out about this error?

A. I don't recall the error.



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Q. And you don't recall speaking
to anyone?

MR. LABOW: Could the witness be
given Exhibit 360, the tour and reports.

Q. Could you look at page 28 of
the tour and reports, please.

A. Yes.



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Q. That's the tour end Report
of August 22nd.

A. Yes.

Q. Is that your note on the back
of the page?

A. For the day shift it is.

Q. And it says "fairly good day".

A. Yes.

Q. For Paul Murphy.

A. Yes.

Q. And even the night shift
note says that he was stable.

A. Yes.

Q. Now, on the 23rd, page 29,
I take it that is not your note?

A. No, it is not.

Q. Do you have any idea whose
writing that is?

A. It looks similar to that of
Miss Mandal, and she was the nurse in charge, so,
I would assume it may be her note.

Q. Now, when you would write a
tour end note for a child, or Miss Mandal, for example,
at the beginning of a shift, would you write 'Code 25'
or 'do not resuscitate' order in existence, for



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example, on the note?

A. Could you explain that question
a bit better, please.

Q. Sure. There was apparently
a 'do not resuscitate' order in existence for Paul
Murphy.

A. Yes.

Q. Would that be written down
on the tour end report as a general thing to advise
other people?

A. It very likely is written
down at least once.

Q. On the Tour End report?

A. Yes.

Q. Okay. Now, on this note
where it says "Paul Murphy more confused today, no
basic change, Code 25 called", written by Dr. Freedom.
Was that written before Paul Murphy arrested or was
this note written afterwards, would you think? You
may not know one way or the other.

A. I don't know, I don't recall.

MR. LABOW: Can the witness be shown
the medical record for Philip Turner.

Q. Mrs. Radojewski, Philip
Turner was the child that you have discussed at some



L3 1
2 length. When you say you were not comfortable with
3 his coming on to the ward.

4 A. Yes.

5 Q. Do you recall seeing him
6 in ICU?

7 A. I am quite sure I did, I just
8 can't recall specifically.

9 Q. Now, could you look at page
10 49 of the Hospital record. Now, that note begins on
11 page 48 and it indicates ICU transfer 30th of July.

12 A. Yes.

13 Q. So, this note was apparently
14 made by the doctor after the child's transfer?

15 A. After the transfer?

16 Q. Well, I am asking you.

17 A. I don't know, I don't know.

18 Q. Is it possible that it was
19 made just before the transfer?

20 A. Yes.

21 Q. Now, in the middle of the
22 note on page 49 Dr. Soulioti points out:

23 "Episodes of sinus bradycardia there-
24 fore digoxin not always given."

25 Were you aware that Philip Turner's
digoxin was held often during his course at the



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Hospital?

A. I don't recall.

Q. Do you know if you were aware that the doctor had a concern about digoxin?

A. I'm sorry, I don't recall.

Q. Do you recall the doctor giving you any special instructions or any doctor giving the nurses any special instructions regarding this child?

A. I don't recall, I'm sorry.

Q. Now, you explained that you were uncomfortable with him on the ward and you felt that you told someone but you didn't know who. Do you have any recollection whether it was a doctor or a nurse?

A. I don't recall.

Q. Now, you indicated to Miss Cronk that he was not on constant nursing care and he was not on shared nursing care. Do you recall giving any special instructions to any of the nurses to watch him more closely because of your concern?

A. I don't recall.

Q. You don't recall whether you did or didn't?

A. Yes.



L5

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Q. Now, if you were concerned

3

or uncomfortable about a child on the ward, would you

4

normally tell the nurses to take extra care, watch

5

the child more closely?

6

A. Yes.

7

Q. Could you turn to page 152 of

8

the Hospital record. It is somewhere in the middle

9

of the ICU notes. It is a handwritten page.

9

A. Yes, I have the page.

10

THE COMMISSIONER: No, I don't.

11

MR. LABOW: It is a handwritten page,

12

Mr. Commissioner.

13

THE COMMISSIONER: It doesn't seem to

14

have a number.

15

MR. LABOW: It is one of the only

16

ones that are numbered.

17

THE COMMISSIONER: Yes, I have found

18

it, thank you.

19

MR. LABOW: Q. Do you recognize that

20

handwriting?

21

A. Page 152?

22

Q. Page 152.

23

A. No, I don't.

24

Q. Do you have any idea what the

25

note means?



Radojewski
cr.ex. (Labow)

L6

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A. No.

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Q. Specifically, I am referring

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to the middle of the page just under Date of Death

5

where digoxin is written out.

6

A. No.

7

Q. You have no idea?

8

A. No.

9

Q. Did anyone ever express to

10

you a concern that digoxin might have been involved
in Philip Turner's death?

11

A. No.

12

Q. Did any of the nurses express

13

any concern for any reason about Philip Turner's
death?

14

A. I don't recall.

15

MR. LABOW: Mr. Registrar, could the

16

witness have Matthew Lutes' Hospital record.

17

Q. Mrs. Radojewski, Matthew

18

Lutes died early Monday morning on the 17th of

19

November and you were not on that weekend. Now, you

20

were on on the Friday, which was the 14th of November.

21

A. Yes.

22

Q. Do you recall any special

23

instructions that you received regarding Matthew Lutes?

24

A. No, I don't recall.

25

Q. Matthew Lutes had his digoxin



L7

1
2 held on the 15th of November and Dr. Rowe has told
3 us that it was held because he was vomiting - this
4 is Volume 14, page 2437 - and although his level
5 was only 2.1, this may have been a little too high
6 for this child. Do you recall receiving any informa-
7 tion like that?

8 A. I don't recall.

9 Q. When you came in to work on
10 the 17th of November, that's later in the morning that
11 Matthew Lutes died, do you recall anyone speaking to
12 you about his death?

13 A. No, I don't recall.

14 Q. Would you under normal
15 circumstances discuss the arrest and the death of
16 a child on the night shift when you came on in the
17 morning?

18 A. Yes.

19 Q. But you don't have any
20 recollection about this child?

21 A. That's right.

22 Q. Now, I can tell you that Mrs.
23 Trayner, Miss Nelles, Mrs. Scott and Mrs. Christie
24 were on for the night shift the night that Matthew
25 Lutes died. Does that refresh your memory in any way?
Do you remember talking to any of them?



L8

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A. No, I don't.

3

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THE COMMISSIONER: Would this be a
good time, Mr. Labow?

5

MR. LABOW: Yes, Mr. Commissioner.

6

THE COMMISSIONER: All right, until
2:15.

7

8

MS. CRONK: May we have an estimate
of time from various counsel?

9

10

THE COMMISSIONER: All right. How
long do you expect to be, Mr. Labow?

11

12

MR. LABOW: I expect to be about half
an hour to 45 minutes, Mr. Commissioner.

13

14

THE COMMISSIONER: Mr. Knazan, when
your partner gets here, how long will she be?

15

MR. KNAZAN: About fifteen minutes.

16

MR. ARNOLD: I think Mr. Olah is
going to be about an hour or so?

17

18

19

THE COMMISSIONER: Yes. Well, we
will be going all afternoon and we may sit late. I
take it you will have Miss Brownless scheduled for
tomorrow morning?

20

21

MS. CRONK: I do, sir, and perhaps
we can look at it again at the end of the day.

22

23

THE COMMISSIONER: Yes, yes, all right.
Until 2:15 then.

24

--- luncheon recess.

25



1
AA/DM/ko 2 --- Upon resuming at 2:15 p.m.

3 THE COMMISSIONER: Yes Mr. Labow.

4 MR. LABOW: Thank you Mr. Commissioner.

5 Q. Mrs. Radojewski, the nurse's note
6 using the POMR method.

7 A. Yes.

8 Q. That is Problem Oriented Medical
9 Reporting?

10 A. Records.

11 Q. Records?

12 A. Yes.

13 Q. Does that mean that they not only
14 recorded routine things but anything that appeared to
15 be problematic?

16 A. It meant that very often the
17 routine things were not recorded, only in the approach
18 of a problem.

19 Q. So there was a greater concentration
20 on any problems that they felt existed?

21 A. Yes.

22 Q. Does that mean that if there were
23 any problems noted then they didn't assess the
24 situation so that they felt there were any problems
25 with that child at the time?

A. Would you repeat that please?



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Q. If they didn't note any problems did that mean they didn't think any problems existed?

A. It meant that the problems - yes, there were no problems that existed; but there may have been a long standing problem which has not changed, and in that respect they would not note that.

Q. So if it didn't say anything at all it could be a problem that had existed for weeks and it was still around?

A. Yes, and the approach and other things related to that problem were still at status quo.

Q. Would they note it as such, or just not note anything at all?

A. Some of them noted it, yes.

Q. Now, when did this kind of record keeping come into existence? There was a --

A. I don't recall.

Q. Prior to the period that we are interested in?

A. Oh, yes.

Q. And the nurses were trained I assume in this new way of reporting things?

A. It was an ongoing process, it was difficult to initiate the change totally with everyone.



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Q. Was there any problem with Phyllis Trayner's team when they were on nights on 4A regarding their way of keeping notes in this respect?

A. When I reviewed the charts I don't recall being aware of an outstanding problem.

Q. Are you aware of that kind of problem regarding Bertha Bell's team?

A. I wouldn't be aware of that, I had no cause to see the charts on 4B.

Q. Now, we had a look at Phyllis Trayner's evaluation this morning. Now, Nurse Costello who was previously here put some of her notes into evidence, and that is Exhibit 309, Mr. Commissioner. She pointed out in her notes that some people were concerned about Phyllis' behaviour and that Bertha Bell she thought in October was concerned about Phyllis' behaviour regarding arrests. Then she points out on page 3 of her notes that she discussed it with Liz, which I assume is you. Now, on page 3, about a quarter of the way down the page:

"Discussed this with Liz. Liz, Carol, Janet and I discussed problem. Liz tried to deal with it through Phyllis' evaluation."

Is that this evaluation, the one that was put into



1
2 evidence today?

3 A. I don't recall on my own, but
4 having seen this evaluation I would say that most
5 likely this is it.

6 Q. Now how did you deal with it in
7 this evaluation?

8 A. I don't recall again independently,
9 but being able to see this at this time, and looking
10 at the summary for areas requiring improvement, I would
11 have thought that I dealt with it there.

12 Q. Now are these evaluations something
13 that you would discuss with the nurses after they were
14 completed?

15 A. I did an evaluation of the nurse;
16 the nurse did a self evaluation and we came together
17 with each of our copies.

18 Q. So these problems would have been
19 discussed with Mrs. Trayner, for example, at that time?

20 A. Yes.

21 Q. Did you hear any other concerns
22 expressed after that time regarding Phyllis Trayner's
23 behaviour?

24 A. I don't recall.

25 Q. Now, with reference to Kevin
Pacsai, you mentioned a neonatal form?



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2

A. Yes.

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Q. You indicated, I think, that that
is filled out or completed for any neonate's death?

5

A. That was my understanding.

6

Q. And that is 20 days old or less?

7

A. Yes.

8

Q. Who fills it out?

9

A. The physician.

10

Q. The physician in charge of the
child, the staff cardiologist?

11

12

13

A. It is filled out at the time of
death, and the physician in charge of the patient at
the time of death, it is either the resident or very
often it is a cardiology fellow.

14

15

Q. Now, do you know where those forms
end up?

16

A. No.

17

18

Q. Have you reviewed any of the
hospital records with regard to any of these children?

19

A. I reviewed the charts.

20

Q. Did you recall seeing that kind of
form in any of the charts?

21

22

A. I can't recall. I looked at - the
numbers were so large - I don't think that I did.

23

24

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Q. Now do you have any idea why that



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kind of form is filled out at that time?

3

A. No.

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Q. Now, you have indicated that you don't recall, or you don't think there was any question about splitting up the team ever seriously discussed, is that correct?

7

A. That I can recall, yes.

8

9

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Q. Were there any other questions regarding what to do with the teams, aside from splitting them up; were there any other things canvassed?

12

13

A. I don't think I understand your question, I am sorry.

14

15

16

Q. Is there anything else that could be done, aside from splitting up the team per se, to sort of change things if you felt that they were jinxed?

17

A. I don't know.

18

Q. Could you change their schedule?

19

A. I don't know that that would have any bearing on that feeling.

20

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Q. Now in the ward meeting book, and I am referring to page 177 Mr. Commissioner, the fourth tab; this is Exhibit 300 Mrs. Radojewski, the 11th of November.



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A. I am sorry, what page?

3

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Q. Page 177. Now, this was November, 1980, and in the second or third note on the left it says:

5

6

"We discussed how we feel about our care; how we feel frustrated about what we can't do, i.e. support the parent."

8

9

Do you recall what you were frustrated about aside from support for parents?

10

A. No, I don't.

11

12

Q. Do you have any idea if you discussed the deaths that had occurred during the summer?

13

14

15

16

A. It is my recollection that at that meeting we discussed the use of NARvel and budgetary items. I don't recall that the deaths entered the conversation.

17

18

Q. Could you turn to page 178, and it says:

19

20

"Our concerns will be taken to area co-ordinator on a regular basis." ~
Was that done from this time on?

21

22

A. I met with Mrs. Pyykkonen many times, I don't specifically recall from this time on.

23

24

25

Q. Was that something that had not



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been done previously?

3

4

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A. No, it had been done previously,
I don't really believe that the staff were aware that
I took their concerns in to my co-ordinator.

6

7

Q. Now, on the right-hand side of
that page, dated January 5th, the first thing
discussed is time sheet and changing rotations.

8

9

A. Yes.

10

Q. How were you going to change
rotations?

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Q. Apparently that was only
involving the long night shift.

A. That is how the discussion
arose, I believe, when they came off long nights,
the number of sleep days they had.

Q. Would you look at Exhibit 301,
which is the Ward 4B meeting at page 19.

A. Yes.

Q. That says, "Meeting with Liz
re 4A team plans."

A. Yes.

Q. These were apparently Nurse
Costello's notes?

A. I believe that is her hand-
writing.

Q. Half-way down the page, it
says:

"Have expressed concerns re knowledge
and skill of rotating residents."

I note from this that Dr. Fowler and
Dr. Edmunds were at this meeting, as well as Nurse
Costello and yourself.

A. I don't know that they were.

Q. So, was this just a meeting
with Nurse Costello and yourself?



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A. From reading this now, I would make the assumption that it was just Mary and I speaking.

Q. And you were discussing these things and would then take them to someone?

A. I am not sure I understand what you are asking me.

Q. Do you recall, after discussing these concerns, bringing them to anyone's attention?

A. I don't recall.

Q. Okay. Could you look at page 21. The second note refers to a list on 4A and to sign, if interested, to try this unit. It says, "Some won't want to work in this type of unit".

What type of unit were you referring to? The Intermediate ICU type unit?

A. Yes.

Q. Did people express a view that they did not want to work in that type of unit that you recall?

A. I can't recall at this time.

Q. Could you turn to Real Gosselin's chart. Real Gosselin was admitted on the 17th of December, early in the morning, and I take it



1
BB3 2 you did see him on the 18th of December?

3 A. Yes.

4 Q. You have indicated to Miss
5 Cronk that he was at risk but not at imminent risk
6 of arrest. You indicated that at page 5130 of the
7 transcript. In what way was he at risk of arrest?

8 A. He was at risk of arrest by
9 virtue of the diagnosis that had been made for the
10 child. He was considered a very ill baby.

11 Q. Could you look at page 43 of
12 the Hospital record. In the first nursing note by
13 Nurse McIntosh, she notes that the baby appears in
14 no distress. Do you recall this child being in
15 distress or anyone indicating to you that the child
16 was in distress?

17 A. I know I saw this baby but
18 I don't recall any specifics about the child.

19 Q. Do you recall it was made
20 aware to you that digoxin was held on admission and
21 that this child's digoxin level was 3.7 or 3.9?

22 A. I don't recall that.

23 Q. Is that a high digoxin level?

24 A. That seems high, yes.

25 Q. Did the doctors ever indicate
to you that they were concerned about digoxin with



BB4 2 regard to this child?

3 A. They may have; I don't recall.

4 Q. When you went to see a child,
5 would you review the notes that had been made, on your
6 rounds?

7 A. Would you explain the question
8 a bit more to me, please.

9 Q. When you went to see a child,
10 when you came on in the morning --

11 A. On nursing rounds?

12 Q. You did some rounds?

13 A. Yes, in the morning.

14 Q. You would do rounds with the
15 Residents?

16 A. Yes.

17 Q. And if the cardiologist came
18 down, you would do rounds with the cardiologist?

19 A. Yes.

20 Q. When you did rounds, or prior
21 to doing rounds, would you review the nursing notes
22 for the period just before the rounds were taken?

23 A. Rounds like that were usually
24 very early in the morning and I would not have had
25 time to review the charts. Usually when I did that,
it was much later in the day.



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Q. Would you generally review
the notes at some time?

A. I tried to look through all
the charts every day. I don't know that I always
could do that because of the time and the availability
of the charts.

Q. Could you look at page 44.
There is a note from Dr. Stephens, a long note,
and about half-way down the note it indicates that
the digoxin level was 3.9 in the morning, that the
digoxin is being held and, a little further down,
"We will try Lasix. If fails to improve with it,
discuss digoxin issue."

Is that something you would look into
if you read it?

A. In retrospect, I would have
to say I most likely would ask the doctor what his
concerns were.

Q. Do you recall doing that in
this case?

A. I have no recollection of that.

Q. You indicated that Real
Gosselin was at risk of arrest. Does that mean you
felt he was at risk of death?

A. No.



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THE COMMISSIONER: I'm sorry, did you say no?

THE WITNESS: "No."

THE COMMISSIONER: I'm sorry, is an arrest the stopping of the heart? Isn't that kind of serious?

THE WITNESS: Yes.

THE COMMISSIONER: Perhaps I didn't hear the right -- you said risk of arrest is not a risk of death?

THE WITNESS: Nurses approach arrest differently in that it is always your hope that the child is going to survive when they do arrest.

THE COMMISSIONER: Oh, I see.

MR. LABOW: Q. Could you look at Barbara Gionas' chart. Barbara Gionas died early on the 9th of March, which was a Monday, and you apparently had last been on duty on the 6th of March.

First of all, Exhibit 32, Tab 13 - it is one of the very big exhibits.

THE COMMISSIONER: Tab...?

MR. LABOW: Tab 13, page 152 and 153. I'm sorry, it is Exhibit 32A.

THE COMMISSIONER: 32A. I'm sorry, what tab?



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MR. LABOW: It is Tab 13, page 153.

THE WITNESS: Yes.

Q. I note during that night
Nurse Nelles was in charge and Mrs. Trayner was taking
care of children in Room 418.

A. Yes.

Q. Is that something that happened
often?

A. In order for the nurse next
to the team leader to be orientated to in-charge duties
or in order to be able to pick up the duties of the
team leader if her team leader were ill or on
vacation, there were times when that nurse had to take
in-charge duty, and the best time was when the team
leader was available as her resource person. It is
a learning process.



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Q. Well, did that happen often?

3

A. On occasion, in order to orient

4

the RN to the team leader duty.

5

Q. Is this something that you would determine as head nurse?

6

A. Yes.

7

Q. So, you would have determined that

8

this would happen on Friday before you left?

9

A. Yes.

10

Q. Now, you were on on the 9th of

11

March in the morning and Barbara Gionas had died at

12

1:45 that morning. Do you recall being approached by

13

anyone with regard to this arrest?

A. I don't recall.

14

Q. Could you look at the tour end

15

reports, page 138.

16

A. Yes.

17

Q. Is that your note on the back of

18

the page regarding Barbara Gionas?

A. Yes, on the day shift.

19

Q. So, your note was "stable today -

20

unchanged"?

21

A. I didn't write the "unchanged",

22

no.

23

Q. You wrote the "stable today"?

24

25



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CC 2

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A. Yes.

3

Q. Do you feel that Barbara Gionas

4

was at imminent risk of death that weekend?

5

A. I don't recall.

6

Q. Do you recall any special

7

instructions or problems or anything that was brought
up to you?

8

A. I am sorry, I don't recall much

9

about this infant.

10

Q. Now, at page 73 of her chart there

11

is a note from Dr. Kobayshi. Dr. Kobayshi discusses -

12

well, writes a very long note. It continues on the

13

very next page as well and his impression was, number

14

one, digoxin toxicity. Was that ever brought to your

15

attention after Barbara Gionas' arrest?

16

A. I don't recall.

17

Q. If you had come on on a Monday and

18

a child had arrested on the weekend, would you normally
review the hospital record?

19

A. The chart wasn't available to me

20

after the child had died.

21

Q. Would you normally discuss the

22

situation with the nurses?

23

A. I am sure we would have some

24

discussion about it.

25



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CC 3

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Q. But you don't recall this ever
being brought to your attention?

4

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A. I don't recall much about this
child.

6

7

Q. Could it have been brought to your
attention?

8

A. Yes, I am sure it was.

9

10

Q. Now, you discussed - this is the
exhibit where you had your notes regarding your
discussion with the team leaders, Exhibit 368.

11

12

Now, the first child on that list is
Kristin Inwood.

13

A. Yes.

14

Q. And you have indicated that the only
thing that you wrote there was "went okay".

15

A. Yes.

16

17

Q. And I think you have told us that
that was with regard to the arrest, is that correct?

18

A. Yes.

19

20

21

22

Q. Now, the hospital record for
Kristin Inwood indicates at page 62 that when the Code
25 was called there was no electrical response and no
response to CPR; that is Dr. Mounstephen's note?

23

A. Yes.

24

25

Q. Now, after an arrest where there



CC 4

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had been no response, would it be normal for the people you discussed it with to say that this arrest went okay?

5

6

A. They were talking in terms of how the arrest proceeded, not the outcome of the child, which is very unfortunate.

7

8

9

10

Q. No, no doubt it had nothing to do with the outcome per se, but if there was no response to anything were they only referring to how the nurses dealt with it?

11

12

13

A. It was my understanding they were bringing concerns about the cardiology fellows that were involved in the arrest.

14

15

16

Q. So, this was the fact that the cardiology fellows reacted well during the arrest?

17

18

19

A. I don't know that I am comfortable with your term "reacted well".

20

21

22

Q. I am sorry. Well, any way you want to say it. I don't understand what "went okay" was supposed to have meant.

23

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A. I can only look at it in relationship to the problems that were brought up with the other fellows, that there were no problems as such with the arrest of Kristin Inwood.

Q. Now, there had been a digoxin error



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made with regard to the administration of digoxin to Kristin Inwood. Did you ever hear about that error?

A. I remember hearing about it; I don't remember any specific details about it.

Q. Would you and Nurse Costello generally discuss problems like that even though it may have happened on the other one's ward?

A. Not generally.

Q. But you do recall discussing this error?

A. I remember hearing about it but I don't remember discussing it with anyone in particular.

Q. Now, that was the 13th of March when Kristin Inwood died, and we have heard that there had been four deaths, a death each night on the 6th, 7th, 8th and 9th of March and two deaths on the 12th and Kristin Inwood's death on the 13th.

A. Yes.

Q. Do you recall discussing this rash of deaths after Kristin Inwood's death on that day?

A. I don't recall.

Q. Do you recall anyone bringing to your attention there had been this many deaths in a short period of time?

A. I am sorry, I don't recall.



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Q. Would you expect after seven deaths approximately in a week that the nurses would want to discuss things with you as head nurse?

A. That's quite likely, yes.

Q. Well, do you recall anyone indicating that the stress was just terrible from this number of deaths in that short period?

A. I am sorry, I just don't recall.

MR. LABOW: I have no further questions.

THE COMMISSIONER: Yes, all right, thank you, Mr. Labow.

Mr. Olah, are you next?

MR. OLAH: Yes I am, sir.

CROSS-EXAMINATION BY MR. OLAH:

Q. Mrs. Radojewski, my name is Olah and I act on behalf of Registered Nursing Assistant Janet Brownless.

The first thing I would like to do with you is, if I may, is to review a document. May I show it to you first, I don't know if you have seen it before. The document I'd like to show you, Madam, is an Employee Performance Appraisal. It has an attachment called Staff Performance Evaluation - Registered Nursing Assistant, appended to it. Would you take a moment and review it, please?



CC 7

1
2 If I may direct your attention to the
3 last page of the document, the attachment, "Staff
4 Performance Evaluation", first of all, do you
5 recognize, is that your signature on the bottom of
6 the page, Ma'am?

7 A. Yes, it is.

8 Q. And from the evidence we have
9 heard so far apparently there was an annual
10 evaluation of nurses and nursing assistants on the
11 wards in the hospital, is that correct?

12 A. Yes.

13 Q. Do I take it that this document
14 is the first full evaluation of my client after she
15 commenced employment at the hospital? I know there
16 was a probationary evaluation after three months
17 but would this be the first annual review?

18 A. Yes.

19 THE COMMISSIONER: Should we make that
20 an exhibit now?

21 MR. OLAH: If I may sir, I would
22 appreciate it.

23 THE COMMISSIONER: 374.

24 --- EXHIBIT NO. 374: Employee Performance
25 Appraisal re Janet Brownless.

MR. OLAH: Q. Now, the writing on the



1
2 form itself I take it is your writing?

3 A. Yes.

4 Q. And I take it this is your
5 evaluation of my client?

6 A. Yes.

7 Q. And it was carried out some time
8 in October of 1981?

9 A. Yes.

10 Q. And your summary of Miss Brownless
11 at that time was "dependable team member, eager to
12 learn, good interpretative skills".

13 A. I am sorry, "interpersonal skills".

14 Q. And then you outlined her strengths.
15 You talked about the fact that she was a pleasant
16 person, reliable, good practice philosophy and you
17 said excellent bedside nursing care.

18 A. Yes.

19 Q. Okay. And then you talked about
20 the areas, as all of us, where improvement is required.
21 I am not sure what the term SCP stands for, can you
22 help me in that regard?

23 A. Standard Care Plan.

24 Q. What does that mean?

25 A. Standard Care Plan is a learning
tool specifically for new staff and it was a tool that



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helped them to learn quicker what, for example, the routine involved when you were admitting a patient, the routine involved when you were caring for a patient after cardiac catheterization, those sorts of things. It was a tool used on the ward.

Q. Now, under Objectives, is that what you wanted Miss Brownless to work on during the next forthcoming months?

A. Yes.

Q. Okay. And one of them was knowledge of congenital heart defects, improved - what's that?

A. Improved preoperative preparation.

Q. And communication with parents.

I take it by that you meant that Miss Brownless didn't have the kind of knowledge of the cardiac defects that some of the more experienced nurses on your staff had?

A. Yes.

Q. People like the more experienced nurses such as Phyllis Trayner and Susan Nelles?

A. Yes.

Q. Thank you. I'd like to now just summarize with you, I take it that at all times you felt that Janet Brownless was a excellent nurse that



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CC 10

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provided good nursing skills on the ward as far as you
could ascertain?

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A. Yes.

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Q. I'd like to then turn to a
different area if I could, Mrs. Radojewski. Do you
have a copy of the WIN sheets there with you, Exhibit
335 if I may, Mr. Registrar?

8

9

10

Could we look together please at the
first page of the series of sheets related to Ward
4A, please?

11

A. Yes.

12

13

14

Q. Now, we have heard evidence, and
please correct me if I am wrong in this regard, that
each team on your ward consisted of three registered
nurses and one registered nursing assistant?

15

16

A. Yes.

17

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Q. I notice that on the first page,
that's the week of June 23rd to the 29th, the teams,
the four teams that were working under you are out-
lined there?

20

21

22

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A. Yes.

Q. And the team leaders in each case
were Gatza, is it, G-a-t-z-a?

A. Yes.

Q. Arbour, who later on - is it



CC 11

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Fitzgerald, her married name?

3

A. Yes.

4

Q. Shilton, Kathy Shilton who we have

heard about?

5

A. Yes.

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Q. And Miss Morrin, or Mrs. Trayner?

7

A. Yes.

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Q And under each of those team leaders there are three names. I take it that there are two, in each case there are two RN's, except in the case of Miss Shilton and one registered nursing assistant on each team?

A Yes.

Q And the reason we have the additional nurse on the Shilton team is because the one duty is being split between two nurses, namely Nicholson and Lau?

A Yes.

Q So at all times there was only one registered nursing assistant assigned per team?

A Assigned to the team, yes.

Q Then you have the name Partridge and Gecas, is it, on the bottom two lines?

A I believe she pronounces it "Gechas".

Q I'm sorry. They are not assigned on a sheet to a team, do I take it that is because they were waiting to be assigned and floating between teams?

A No, they were not waiting to be assigned, but they floated between teams.

Q Now, I would like you to turn



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to the week of August the 25th to the 31st, which is the first notation with respect to Ms. Brownless on the WIN sheets, would you do that, please?

5

A. Yes.

6

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11

Q. We still have the same structuring of the teams that we reviewed on the first page, except now Ms. Brownless' name appears at the bottom of the page between the two floating team members we talked about, Ms. Partridge and, I am sorry, you are going to have to help me with the pronunciation.

12

A. Gecas (Gechas).

13

14

15

16

17

18

Q. Do I take it by the positioning of Ms. Brownless' name on the sheet that - and I tell you that by review of the WIN sheets throughout the material times, indicates that she is positioned relatively the same throughout the period that we are concerned with, she is always in that slot that seems to be reserved for floating nurses?

19

A. Yes.

20

21

22

23

24

25

Q. Is that because she was not assigned to a particular nursing team, but she floated back and forth between teams, ma'am?

A. She was not assigned to a team, no.



DD.3

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2 Q So that - please help me if you
3 can, so that the members, the four more members who
4 were officially assigned to the Trayner team were
5 of course Team Leader Trayner, the two Registered
6 Nurses Nelles and Scott, and one Registered Nursing
7 Assistant, Mrs. Christie?

8 A Yes.

9 Q Now I took the liberty of
10 carrying out an analysis of the number of times that
11 Ms. Brownless worked with the Trayner team, as opposed
12 to the number of times she was assigned to other
13 teams, such as Marie Mandal's team; Ms. Arbour's team.
14 I would like you to take a moment to please tell me,
15 please review that document if you would.

16 A Yes.

17 Q Ma'am, does this roughly accord
18 with your recollection as to the number of times
19 Ms. Brownless worked with the various teams?

20 MS. CRONK: Well, sir, with respect
21 I am not sure that the numbers are in issue at all,
22 how can that witness say that without having the
23 opportunity to --

24 THE COMMISSIONER: It will be difficult,
25 it will be difficult. I will accept Mr. Olah's
evidence.



DD.4

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2 MS. CRONK: I have no reason to put
3 them in issue.

4 THE COMMISSIONER: I take it that
5 until we have positive proof that you are an
6 untrustworthy witness, we will take your word for it.

7 MR. OLAH: I have never had that
8 ascertainment leveled against me before, Mr. Commissioner.
9 Basically what I was trying to get at was this
10 witness' recollection, rough recollection as to
11 whether in fact there were more assignments with the
12 Mandal team than the Trayner team for Ms. Brownless.
13 If she can't help me I will leave it at that and I
14 will put it to my client.

15 THE COMMISSIONER: It is the sort of
16 thing we can check you up on, so we will make it an
17 exhibit, Exhibit 375.

18 --- EXHIBIT NO. 375: Analysis of Work
19 History - Janet Brownless.

20 THE COMMISSIONER: I think the
21 question is just whether it seems radically out of
22 line with your recollection?

23 THE WITNESS: My recollection is
24 Janet floated between, more between two teams than
25 she did the other two and this could certainly very
well be it.



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MR. OLAH: Q. Okay. Perhaps we can go back to the WIN sheets again for a moment. Could you turn with me to the week of September the 15th, please, just so that we can document some of this floating that you have talked about. Do I see then Ms. Brownless on the week of September the 15th, Monday, she works the first two days, long days, and is working Miss Mandal while the Trayner team, except for Mrs. Trayner, is working long nights?

A. Yes.

Q. And then later that week she works three nights, and at that time she is working with the Trayner team?

A. Yes.

Q. If you would turn to the next page please; do I assess correctly that during the days of September 24th and 25th, Ms. Brownless is working long days with Miss Mandal's team?

A. Yes.

Q. While the Trayner team is working long nights?

A. Yes.

Q. And if you would turn please to the week of November the 3rd, I see that on November the 3rd and November the 4th Ms. Brownless



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is working long nights with the Shilton team, except that Miss Shilton is working long days that day?

A. Yes.

Q And similarly later on in the week she worked three nights, and she is working with them, at least two members of the Shilton team that night?

A. Yes.

Q And that seems to be pretty well the pattern, because you were the person who made these assignments up?

A. The schedules, yes.

Q The pattern being that she would float from amongst various members of various teams, but primarily between the Mandal team and the Trayner team?

A. Yes.

Q Now, ma'am, I would like to then turn to later, after the arrest of Miss Nelles. Is my information correct that Ms. Brownless was switched off, or rotated off and no longer worked at all with the Trayner team, some time either late spring or summer of 1981, she worked opposite shifts from Miss Trayner?

A. I am sorry, I don't recall.



DD.7

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Q. You don't recall?

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A. No.

4

Q. Do you recall whether she

5

continued to work from time to time with the Trayner
team after say the summer of 1981?

6

7

A. Without the benefit of my
rotations, I am sorry, I don't recall.

8

9

Q. Let me put it to you this way.

10

Do you recall the night of the propranolol in the
salad and soup event, that was a long night shift.

11

A. Yes.

12

Q. Do you have any recollection as

13

to whether Ms. Brownless - I suggest to you she
worked long days, do you have any recollections one
way or another in that regard?

14

15

A. I can't remember - I cannot

16

remember all the nurses that were there when I arrived
at work.

17

18

Q. One of the things that intrigued

19

me in your evidence in that regard, is when you got

20

into the Hospital, and that was some time after

21

2 o'clock was it that morning?

22

A. Yes.

23

Q. And you said you saw pink and

24

orange coloured pills in the salad; do you remember
saying that?

25



DD.8

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A. Yes.

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Q. And you also said that you saw,
was it one pill or more than one pill in the soup?

5

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A. More than one pill somewhere
in the process of dissolving.

7

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Q. That is exactly what intrigued
me very much. That would seem to suggest, would it
not, ma'am, I don't know if this thought entered your
mind, that the pills would have been deposited into
that soup say within the last several hours?

11

12

A. I wasn't sure what I thought at
the time.

13

14

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Q. Well, knowing what you do know
today, given the fact - were the pills semi-dissolved,
mostly dissolved, or can you recall?

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MS. CRONK: Well, sir, it has not
even been established yet what kind of pills they were.
To put it very bluntly I don't know. We don't know
what particular type it was, and if Mr. Olah has any
information available to him as to the time it was
placed in the salad that would be of enormous help
to this Commission.

MR. OLAH: Oh, no, that is what I
am trying to find out.



DD.9

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MS. CRONK: I am not sure that this witness can guess at what kind of pills dissolve at what particular rate.

5

6

THE COMMISSIONER: No. If the pills had not dissolved, had not fully dissolved.

7

8

9

MS. CRONK: She has already said that, Mr. Olah said and Mr. Olah said we confirm it, but I ask him now to move on to try and estimate the amount of time it would take the pills to dissolve..

10

11

12

13

THE COMMISSIONER: I don't know if he is trying to get an exact answer. Certainly the inference can be drawn if the pills had not fully dissolved that they haven't been in there at least not more than a week.

14

15

MR. OLAH: I would be happy within four to five hours, Mr. Commissioner.

16

17

Q Now the pills, were they a capsule or a tablet form that you recall seeing?

18

19

A They were a pinky-orange coloured small pill.

20

21

Q A tablet rather than a capsule?

A Yes.

22

THE COMMISSIONER: Were they never identified, those pills?

23

24

25

THE WITNESS: I assume they were.



DD.10

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THE COMMISSIONER: Propranolol.

3

THE WITNESS: Inderalal/propranolol.

4

THE COMMISSIONER: That's what I

5

thought.

6

MS. CRONK: The content, the type of

7

drug was identified but what they looked like when

8

they were placed in before they began to dissolve

was never identified.

9

MR. OLAH: The evidence was, this

10

witness' evidence was that they were pink/orange

11

coloured pills, that is all I was pursuing.

12

Q In fact you do know that these

13

propranolol pills because Miss Scott at least had a

14

blood level taken, did she not?

15

A They both had blood drawn that

16

night.

17

Q And it showed elevated

18

propranolol level in their blood, isn't that what I

thought I heard you say?

19

A I don't recall.

20

Q Now some time in either November

21

or December of 1981, the former Trayner team, or

22

the remnant members were broken up in that Mrs.

Trayner was assigned off 4A to what was it, Ward 8E?

23

A Yes.

24

25



DD.11

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A. Yes.

3

Q. That was the Burn Unit?

4

A. Yes.

5

Q. And was it about the same time
that Mrs. Scott was assigned to 5G?

6

A. Yes.

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Q. And of course Ms. Nelles upon
her return to the Hospital was assigned to dialysis?

9

A. I wasn't aware of where Susan
had been returned to.

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Q. But you are aware that my
client, Ms. Brownless, and Mrs. Christie, the two
registered nursing assistants remained and still
remain on Ward 4A?

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A. Yes.

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Q. Can you tell me why the
decision was made to reassign those two nurses in
November/December of 1981?

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A. It had been determined by the
Administration at the Hospital that they be transferred
off the ward, I can't recall the exact reasons right
now.

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Q. Were you still there when those
transfers took place?

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A. Yes.

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Q And were the reasons for the
transfer discussed with you?

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A We had a large meeting, yes.

5

Q Well, who told you that these
transfers were going to occur, from Administration?

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A Miss Costello and I attended
a meeting with Miss Geiger and our Co-ordinator,
Mrs. Pyykkonen, and there were other members of the
Hospital there as well, Hospital Administration, I
don't recall exactly.

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Q. Were you at that time, Ma'am,
advised as to why this transfer was taking place?

A. I am sure I was.

Q. But you can't recall?

A. I don't recall exactly what was
said, no.

Q. Do you recall if there was any
mention of the fact that those nurses had been on
during the epidemic period?

A. I don't recall it being put like
that.

Q. Well, was the impression you were
left with that the reason the transfer was taking
place was because ladies had been --

THE COMMISSIONER: Just a moment.

MR. ROSENBERG: Mr. Commissioner, I am
concerned about whether this lady's impressions about
this kind of thing are relevant.

THE COMMISSIONER: Yes. I think there is
merit in that. As a matter of fact, this may have
something to do with Phase II, but what has it got to
do with Phase I unless it was her decision, based upon
something. Apparently there was some decision made by
the hospital, is that correct, Mrs. Radojewski, it had
nothing to do with you or did you have anything to do



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with it? Just answer that yes or no if you would.

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Did you have any input into the decision?

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THE WITNESS: No.

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THE COMMISSIONER: Doesn't that bring it

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to an end?

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MR. OLAH: Well, what I was trying to

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get at was really what was her reason for the transfer,

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because in my respectful submission, the fact that my

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client is still there and continued to be at all

material times there is very indicative.

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THE COMMISSIONER: Yes, but that is what

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I don't want to have.

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MR. OLAH: All right, then I will leave

it at that.

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THE COMMISSIONER: I don't want to have

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any of that.

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MR. OLAH: I will leave it for argument

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then, sir.

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THE COMMISSIONER: Fine.

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MR. OLAH: One of the other matters that

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I wanted to discuss with you -- I notice it is

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approaching -- it is going to take a few minutes, sir.

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THE COMMISSIONER: We will take 20

minutes.

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MR. OLAH: Thank you.

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--- Short recess

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--- On resuming

THE COMMISSIONER: 32C.

MR. OLAH: Q. Could you turn to page 118, Mrs. Radojewski. Do you see that on Monday, August 25th, Mrs. Suderman and Miss Brownless are noted as being on orientation?

A. Yes.

Q. And they have no patient assignments that day?

A. That is right.

Q. Similarly, the following day they are noted as being on orientation, that is Tuesday, August 26th?

A. Yes.

Q. But on Wednesday, the 27th, and Thursday, the 28th, and Friday, the 29th, there is no mention of them, whatsoever, on those sheets. Do you see that?

A. Yes.

Q. Would that indicate to you, Ma'am, that, in fact, they were not on the floor that day, the fact that their name is absent altogether from the assignment book?

A. I don't recall if that means they were not on the floor at all. I may have just forgotten



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to write them that they were on orientation.

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Q. Fair enough. There is no mention of them on, either Mrs. Suderman or Miss Brownless, on Monday the 1st, but if you turn to Tuesday, September 2nd, page 134, you will see that Mrs. Suderman and Miss Brownless are now again noted and it looks like they may have an assignment initially, but it seems to have been rubbed out. There is a notation: Orientation, no patients.

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THE COMMISSIONER: I am sorry, the 2nd --

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MR. OLAH: This is Tuesday, the 2nd.

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THE COMMISSIONER: I see.

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THE WITNESS: Yes. It doesn't appear to be as if anything had been erased, but it says "Orientation, no patients".

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MR. OLAH: Q. That was the day that Laurette Heyworth arrested at 8:30 in the morning. Do you recall Miss Brownless and Mrs. Suderman starting on the floor that morning on a more regular basis, that is that they were on the floor, no longer on orientation, at least part of the day, but that they had no patient assignment?

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A. I don't recall other than being able to see this assignment sheet.

Q. Okay. I don't know if you have a



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EE 5

recollection of this. Do you know if Mrs. Suderman or Miss Brownless, if they were on the floor that morning, would have taken a report of the other members of the nursing team that were on the floor that morning?

A. I don't recall.

Q. Now, by the time that Laurette Heyworth died on September 2nd, we have heard already that in fact 12 children, including Laura Woodcock, had died on Wards 4A and 4B. I wasn't sure about this. I am not sure if you testified in this regard: what number of deaths would you experience on a monthly basis on Ward 5A when you worked on Ward 5A? Was there some sort of a rough figure that you maybe can assist us with?

THE COMMISSIONER: I think I used Miss McIntyre for much the same type of questions. We have the figures for Ward 5A. It may be laying a trap for the witness to ask her to guess at it. We know what they are, that is all.

MR. OLAH: We have some evidence in that regard from at least one nurse.

THE COMMISSIONER: All right.

THE WITNESS: Yes, I recall. I believe I said between one and two, in general terms.



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MR. OLAH: Q. Okay. Now, as I recall your evidence, Ma'am, after Amber Dawson's death you said the staff was extremely upset in July?

A. Yes.

Q. In fact, you spoke to Dr. Contreras about the deaths of Babies Bilodeau and Dawson?

A. Yes.

Q. We have heard already from you and from others that by late August of 1980 a psychiatrist, according to you, was assigned to the ward. Do you remember saying that?

A. He was going to be assigned to the ward in September.

Q. In September?

A. Yes.

Q. All right. Had a decision already been made to have him assigned to the ward in August?

A. We knew he was coming, but we hadn't actually met him until September.

Q. Okay. In retrospect, Ma'am, would you agree or disagree with me that the kind of stresses due to the number of deaths that were occurring in that ward by late August were unprecedented in terms of your experience?

A. Would you explain your question;



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I am not sure what you mean by "unprecedented"?

Q. Would you agree with me that the fact that a psychiatrist was being assigned to the ward and this issue being made some time in August was unprecedented in your experience, in your nursing experience?

A. No, there were psychiatrists associated with wards throughout the hospital.

Q. To have a psychiatrist assist nurses for stress was that something that you had experienced ever before in your nursing career?

MS. MCINTYRE: I believe the evidence is that the psychiatrist that was assigned in September was for purposes of the patients on the floor and while the nurses had hoped to have some staff assistance from him that it didn't materialize.

THE COMMISSIONER: I thought that, too. You can ask Mrs. Radojewski. This psychiatrist, when he came, he was not assigned to nurses, was he?

THE WITNESS: When he did come to the ward we learned that his time was very short for our ward. It was some ridiculous -- a short time. There was obviously no time available for the staff.

MR. OLAH: Maybe I can clarify this, Mr. Commissioner.



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EE 8

THE COMMISSIONER: If you would ask really as to whether the request was being unprecedented, as to whether the arrival being unprecedented. We don't seem to be certain whether he did come for that purpose or not. There is no question he was asked to come.

MR. OLAH: May I be permitted to just explore and maybe I can clarify.

Q. The decision in August, or the request in August, for the assistance of a psychiatrist was, in part, for patients and parents and was part for the staff, the nurses on the ward; was it not?

A. As I recall, he was coming primarily for the patients. It was our hope that he would give us some time for the nurses.

Q. Was that just for 4A or 4A and B?

A. 4A and B.

Q. Okay. That kind of seeking of psychiatric assistance for nurses, was that something you had experienced ever before in your experience?

A. In my experience there had been psychiatrists associated with each ward in the hospital and there are occasionally opportunities that nurses could have some discussion with the



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psychiatrist regarding the patients.

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Q. All right. Was one of the reasons for the request in this case to do with the stress that the nurses were feeling on the ward?

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A. I am not sure of your question. It wasn't a request; he was coming and it was our hope that he would be able to give us some time.

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Q. I understand. I would like to move on to something else with you.

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You have been good enough also to review another chart I had prepared; which basically lists a number of children, the children that this Commission is investigating and the times at which my client was on and off, with respect to the times of death of those children. Have you had an occasion to review that table, Ma'am?

16

A. I have glanced over it; yes.

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Q. As far as you could determine was it a fair assessment of the days or the shifts when she was on and, more particularly, when she was off, with respect to the death of these children?

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A. Yes, it is a fair reflection. I did not have for these information available.

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Q. Now, the children that Miss Brownless is on for are eight, as far as I have been



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able to determine, and they are Heyworth, McKeil,
3 Adamo, Estrella, Leith, Gardner, Miller and Cook.

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THE COMMISSIONER: Once again we will
5 assume the accuracy of this.

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MR. OLAH: Thank you, sir.

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Q. I would like to just for a moment
touch on Laurette Heyworth. I think you touched on
her position in chief with Ms. Cronk. Do you have
the tour end reports there, Ma'am, Exhibit 360?
Mr. Commissioner, I have prepared a larger version
of this chart that you have got.

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THE COMMISSIONER: All right.

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MR. OLAH: I don't know if that is of
assistance to you.

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THE COMMISSIONER: You can put it on
that wall for a moment.

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MR. OLAH: Q. Perhaps it might be
easier to follow as we proceed through.

If you would be good enough to turn to
page 33 of the tour end report. From page 33 to page
40 inclusive and 41 -- I am sorry -- there is a
reference in the tour end reports to Laurette Heyworth.
They commence on August 19th and then from August
26th to September 2nd and the day of her death she is
on each and every tour end report. For example, if



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you turn to the back of page 35 you will see that
there is a reference to her vomiting -- I am sorry,
there is a reference to pain there on the back.

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A. In the middle part --

Q. Yes.

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A. -- that would be the evening
shift, I am sure that that says complaints of
abdominal pain.

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Q. Okay.

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A. Abd.

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Q. The fact, Ma'am, that this
particular child or youngster is found on a tour end
report from the 26th right through to the morning of
her death, would that indicate the serious nature of
her condition during that period of time?

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A. Yes.

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Q. And I think Miss Cronk re-
viewed with you already the notations on page 40
which related to September 1st. You will see that
during the day entry is a reference to her condition
remaining poor and requiring - is it demerol?

18

A. Yes.

19

Q. That's a narcotic, is it not?

20

A. Yes.

21

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Q. Would that indicate a very
serious situation in terms of pain that demerol would
be administered to this child?

23

A. You mean that the pain is very

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severe?

Q. Yes.

A. Yes.

Q. During the long night shift there is more demerol administered and there is a notation that she had a terrible night and a doctor was going to speak to the parents.

A. Yes, a note is made that a doctor should speak to the parents.

Q. And if you glance quickly back at the night before on page 39, it says "Has been up and down all night, slept very little".

A. Yes.

Q. Would you agree with me that from the Tour End Reports the number of times she appears on your Tour End Reports, the kind of problems she is experiencing, that this child would appear to be in a slow decline?

A. Yes.

Q. And it was on that basis I take it that you did not find the death unexpected when it did occur?

A. Yes.

Q. Thank you.

Similarly, Richard McKeil, who was the



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child who arrested when my client was working long
nights, is on the Tour End Reports from, and they
commence at page 48. I don't propose to take you
through all of it but he's listed on the Tour End
Report for September 23rd. The entry on the back of
the Tour End Report on page 48 I take it is there
because of the transfer from ICU. Is that why he
is initially listed on the Tour End Report on the
23rd?

A. Yes.

Q. And then if you turn to page
49 he is reported during the day shift, his
respiration is up, is it?

A. Yes.

Q. "Grunting". What would that
be indicative of?

A. Laboured breathing.

Q. Okay. And he is pale and
vomiting. Do you see that?

A. Yes.

Q. And if you turn quickly to
the back of page 50 there is a reference to the child
having problems with vomiting there.

A. Yes.

Q. And then on the 12th of



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FF4 2 October, which is page 52, he is noted as being
3 tachycardic in the morning and he is vomiting in the
4 afternoon and looks grey during the long night shift.

5 A. Yes.

6 Q. And on page 53, which is the
7 13th of October, he is noted during the daytime as
8 having his apex irregular at times, concerned about
9 continuous failure, parents have phoned, will be
here tomorrow. Do you see that?

10 A. Yes.

11 Q. And in the long night shift
12 he is vomiting and - can you make out the next word?

13 THE COMMISSIONER: "Formula" is the
14 next word.

15 MR. OLAH: I'm sorry, sir?

16 THE COMMISSIONER: "Formula".

17 MR. OLAH: "Formula", is it?

18 Q. And three lines down, "in
failure". Do you see that?

19 A. Yes.

20 Q. Would you agree with me,
21 ma'am, that again this child, as we have seen with
22 Laurette Heyworth, was obviously a child that was
23 slowly but surely and very tragically declining in
24 health?
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A. He appeared to become progressively worse.

Q. He was a very sick child and his death again was not unexpected?

A. Yes.

Q. Thank you. Now, the last child that I want to review with you is David Leith, again that is a child that Miss Brownless was on for. David Leith died on March 6th at 10:30 a.m. If you would be good enough to turn to page 112 of the tour end report with me, and the back of page 112, that is the first entry in relation to David Leith and he is noted as being stable on that occasion. Do you see that there?

A. Yes.

Q. If you then turn to the back of the next page, if you turn to the entry in the evening, he seems to be fairly stable in the evening but if you go to the last entry for the long night shift, is that condition poor?

A. I'm unsure, but that is what it could be.

Q. Okay. If you turn to page 115, again the entry relating to David Leith, the night entry, the long night entry, there seems to have



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FF6 2 been a Code 25 called. This would appear to be
3 February 19th.

4 A. Yes.

5 Q. That would indicate a Code 25
6 call, is that what that would indicate, ma'am?

7 A. Yes, if it is written there.

8 Q. Okay. And earlier in the
9 day, during the day, he had vomited apparently?

10 A. Yes.

11 Q. And if you turn to the back
12 of page 119 there is a notation. Would that be
13 during the evening or the night that the child had
14 had a seizure?

15 A. I don't know.

16 Q. In any event, that would
17 seem to indicate just what it says, the child had
18 gone into a seizure some time during that evening
19 or night.

20 A. Yes.

21 Q. If you turn to the back of
22 the page, the next page, about two-thirds of the way
23 down the day entry with respect to David Leith, do
24 you see that "Noted to have jerking movements of left
25 arm and leg and eyes rolled"?

A. I'm sorry, is that page 120?



1
FF7 2 Q. Yes, back of page 120.
3 A. Yes.
4 Q. Would that be again an
5 episode of some sort of seizure?
6 A. Yes.
7 Q. Okay. And if you turn to
8 the back of page 125, the last entry during the day-
9 time, it appears that this child was deteriorating
10 slowly?
11 A. Yes.
12 Q. Now, would you agree with me
13 that as in the case of the two children we reviewed
14 together a few moments ago that David Leith again
15 very tragically was slowly but very certainly
16 deteriorating?
17 A. Yes.
18 Q. So that the death of this
19 child was not unexpected?
20 A. No.
21 Q. Now, have you got the WIN
22 sheets there with you by any chance? If you would
23 be good enough to turn to the day involved, that's
24 March 6th.
25 A. I'm sorry, I can't reach
them.



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Q. It is the week of March 2nd to the 8th. Have you got the week of March 2nd turned up?

A. Yes, I do.

Q. Do you see on the 6th, during the day when Miss Brownless was on, on that occasion she was working with the Mandal team and the Trayner team had been off the night before and were about to come on that night?

A. Yes.

Q. So that this death occurred during the time that the Mandal team was on?

A. Yes.

Q. And on that occasion Miss Brownless was assigned to that team?

A. Yes.

Q. Now, you have reviewed I take it each of these charts in preparation for coming to give evidence last week and this week?

A. Yes.

Q. And I suggest to you, ma'am, that none of the children that died, none of the 36 children that died, at the time of their death or arrest were ever in the care of Miss Brownless?

THE COMMISSIONER: What do you mean by



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that, in the special care?

MR. OLAH: She never cared for them,
was never assigned to them.

A. I'm afraid I don't have that
information at my fingertips.

Q. All right. I will have to
extract that from someone else.

But certainly, have you ever seen any
death notes that were filled out with respect to any
of these children by Miss Brownless? I suggest to you
there were none.

A. I don't recall.

Q. All right. Now, just two
very brief matters I would like to canvass with you.
At no time I suggest to you was there ever a complaint
with respect to any RNA on your ward having unauthorized
access to medication. Did you ever have a complaint
in that regard?

THE COMMISSIONER: I'm sorry, having
unauthorized...?

MR. OLAH: Perhaps I should approach
it this way.

Q. RNAs are not permitted to
administer medication, we know that?

A. That's right.



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Q. And I take it if an RNA had been found in the medications cabinet attempting to take medication out of there, that would have been something that would have been very probably noted?

A. Yes, if they were taking patient medication out, yes.

Q. Well, that medication cabinet is right beside the nursing station, is it not?

A. Yes.

Q. And there are great big windows facing from the medication cabinet out towards the nursing station?

A. Yes, there is one big window.

Q. And during the day there is a clerk there?

A. Yes.

Q. At least one clerk?

A. Yes.

Q. And during the night very often the team leader is there charting or doing whatever she is doing?

A. Yes.

Q. And if a Registered Nursing Assistant had been seen with unauthorized medication, I suggest to you that that is something that would have



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been reported either to a team leader and then eventually to you or directly to you?

A. Yes.

Q. And at no time did you have any such report?

A. None that I can recall.

Q. And similarly RNAs were not allowed to touch or tamper or do anything with respect to IV lines?

A. There are some instances where they do handle intravenous.

Q. All right. But certainly they were not permitted to inject anything into an IV line either at the bolus level or above the bolus?

THE COMMISSIONER: Or below.

MR. OLAH: Q. Or below for that matter?

A. You mean above or below the buretrol?

Q. Anywhere in the IV.

A. No.

Q. And if a nursing assistant had been doing something of that kind, that would have been something highly unusual if detected?

A. Yes.



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Q. And that would have been
instantly reported to the appropriate authorities,
which would have been you?

A. Yes.

Q. And at no time during the
period we are talking about did you ever have anyone
report anything of that kind to you?

A. No.



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Q. The last matter that I wanted to touch on with you, Mrs. Radojewski, and I know you are tired, it has been a long experience, but please bear with me for a moment longer. Have you had a chance to read the Atlanta Report?

A. I have read it sometime ago, yes.

Q. Did you read the section that dealt with what we have come to call the profile: "If there is a perpetrator in this case", did you read that section?

A. I am sure I did.

Q. At page 28 of Exhibit 324, one of the statements that was made by the authors, again assuming that there is a perpetrator:

"That such person would have had to have enough clinical knowledge to choose victims whose deaths would not initially be considered suspicious." Do you recall reading that?

A. Yes.

Q. Now, you recall the document we first looked at together this afternoon, that was the assessment that you did of Janet Brownless; do you remember that document?



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A. Yes.

Q. Do you remember one of the objectives was for her to learn more about cardiac lesions?

A. Yes.

Q. I suggest to you that Miss Brownless, because she had no previous experience in cardiology and because she was a Registered Nursing Assistant, simply did not have the kind of clinical knowledge that would allow her to choose deaths which would initially not be considered suspicious, would you agree with that?

A. With my knowledge of Janet, yes, I would agree with that.

MR. OLAH: Thank you. Those are all the questions I have.

THE COMMISSIONER: Thank you, Mr. Olah.
Mr. Knazan?

MR. KNAZAN: I am ready now but Mr. Shinehoft is worried about the time.

THE COMMISSIONER: Oh, all right.

MR. SHINEHOFT: My problem is this, Mr. Commissioner. If you are going to sit only until 4:30 or twenty to five, I may not finish if I go after Mr. Knazan, but the chances are I will finish if I precede him. I am in your hands.



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THE COMMISSIONER: Well, you are not
here tomorrow I take it?

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MR. SHINEHOFT: I don't know what
time you are going to start tomorrow morning. If
you are going to start at 9:30 it may be difficult
for me to get here by then.

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THE COMMISSIONER: You should consult
with Gray Coach I guess - well, Mr. Knazan, if you
are standing down anyway we will have Mr. Shinehoft
now.

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MR. OLAH: Before I sit down, Mr.
Commissioner --

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THE COMMISSIONER: Yes.

MR. OLAH: -- did you wish to have
the chart, the large chart marked as an exhibit?

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THE COMMISSIONER: Isn't the small
one? That is marked.

MR. OLAH: You have the small one and
perhaps we should mark the large one also, the same
exhibit number.

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THE COMMISSIONER: I thought you may
want it for your memoirs. We have the small one, but
if you would like to put that in, that is fine, we
will put that in as the same number I guess.

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MR. OLAH: I think that might be



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helpful. I hadn't thought about memoirs but maybe that is something I should consider!

THE COMMISSIONER: The Registrar tells me he will mark it later, so we will just leave it there.

MR. OLAH: Thank you, sir.

CROSS-EXAMINATION BY MR. SHINEHOFT:

Q. Mrs. Radojewski, my name is Jack Shinehoft and I represent the parents of Baby Kevin Pacsai with whom you had some involvement and of whom I am going to ask you some questions.

You indicated that you were in the Hospital working an 8-hour shift on March 11th, is that correct? That is March 11th of 1980.

A. Yes.

Q. And that was the day before this child died?

A. Yes.

Q. And you indicated as well that you saw him on 4B?

A. Yes.

Q. Do you recall what time you saw him?

A. No, I'm sorry, I don't.

Q. Do you recall under what



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circumstances you saw him?

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A. No, I don't.

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Q. You indicated in your evidence, ma'am, that he was hooked up to a cardiac monitor. Is there anything else that you could tell us about him and more specifically with regard to his clinical condition?

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A. No.

7

Q. Nothing at all?

8

A. I don't recall much about this baby.

9

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Q. You indicated as well that he had an elevated potassium level, is that correct, ma'am?

11

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A. Yes.

13

Q. And are you aware of the relationship between potassium and digoxin?

14

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A. I have some recollection of it, yes.

16

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Q. What do you know about the relationship between those two drugs?

18

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A. At this moment I can't recall if it is elevated potassium or low potassium that can either enhance the effect of digoxin. I'm sorry, it has been a number of years, I just don't recall.

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Q. You just don't know.

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You indicate as well that you learned
that the child had died in the Intensive Care Unit?

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A. Yes.

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Q. Do you recall giving that
evidence?

7

A. Yes.

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Q. Who told you that?

9

A. I don't recall.

10

Q. When were you told this?

11

A. I believe it was the same day
that he died.

12

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Q. But you do not recall by
whom?

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A. No.

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Q. Do you recall what time that
would be? March 12th would be the day he died. Do
you remember when on March 12th you were told of this
child's death?

18

19

A. I'm sorry, I don't recall.

20

Q. Did you consider this child's
death sudden and unexpected?

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A. I don't know that I knew any-
thing about the child to make that assumption.

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Q. You didn't know much at the

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2 time, but later on you examined his chart, is that
3 correct?

4 A. Yes.

5 Q. And your evidence, Mrs.
6 Radojewski, was that you had a conversation, or was
7 it a meeting, with team leaders about this child;
8 do you recall giving that evidence?

9 A. The team leaders brought some
10 concerns about that child to me, yes.

11 Q. And when did this meeting
12 occur?

13 A. They brought those concerns
14 to me that week of March 16th.

15 Q. And was it an individual
16 thing? In other words, did certain of the nursing
17 team come to see you individually or did you have a
18 meeting, or what were the circumstances of this?

19 THE COMMISSIONER: I think she has
20 given it. This is Exhibit 368, is it not? I think
21 we have had that evidence. But, however, I suppose --

22 A. The team leaders from 4A and
23 4B had come with concerns about the cardiology
24 Fellows who were involved with certain arrests on the
25 ward.

Q. And when you say the team



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leaders, who specifically are you referring to?

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MR. ROLAND: Mr. Commissioner, I hate to interrupt my friend but we have been through all this. She couldn't recall who the team leaders are. All that evidence has been given and she could not name them. Now she is being asked again, and she was examined quite thoroughly on that.

THE COMMISSIONER: We certainly had it, and I am just reviewing it.

MR. SHINEHOFT: I don't want to belabour the point, Mr. Commissioner. I thought maybe her memory might be a little more refreshed having the benefit of giving evidence here for several days, and I felt that it might not be harmful in asking her.

Q. Do you know any more about it than you told us the other day, Mrs. Radojewski?

A. No, I am sure I know even less.

Q. Let me ask you this about specifically Kevin Pacsai. Were you aware of this baby's digoxin level at the time of this meeting?

A. No, I don't remember being aware of his digoxin level at the time.

Q. Could you look at Exhibit 368, please, and I am going to need 369 as well.



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Now, No. 2 of 368 is a reference to
the Baby Pacsai.--

A. Yes.

Q. -- indicated "tachy and brady",
and I assume that refers to his heart rate?

A. Yes, I assume so.

Q. And then "Ning", that is Dr.
Ning?

A. Yes.

Q. Now, you say "examined and
looked at strip". When did this happen?

A. I don't really know.

Q. Well, Mrs. Radojewski, where
did you gather the information that you diarized in
this particular chart? Who gave you this information?

A. The team leaders did.

Q. You don't know which specific
of the team leaders did?

A. I have some difficulty recalling
which of the team leaders did.

Q. But the information you have
is that Dr. Ning - is he a Fellow or resident? Who
is Dr. Ning?

A. He was a cardiology Fellow at
the time.



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Q. -- that he looked at strip,
called Dr. Costigan, and eventually the child was trans-
ferred to the ICU; is that correct?

A. Yes. I have written "had to
call Dr. Costigan to transfer to ICU".

Q. And right below that you have
"?" and you have got "K+", which I understand might
mean potassium?

A. Yes.

Q. Could you tell me the meaning
of that?

A. I don't recall right now. There
must have been some concern over his potassium.

Q. And then you have "notifying
parents about transfer", and "calling parents" and
then there is another word, which I need some help
with.

A. I believe that was meant to
be "after possible diagnosis" or "possibility diagnosis",
I don't remember.

Q. You don't remember?

On a subsequent occasion you spoke to
Dr. Fowler about the possibility of an inquest into
this child's death, is that correct?

A. He spoke to me about it, yes.



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Q. He approached you and spoke
to you about it?

A. Yes.

Q. I assume, Mrs. Radojewski,
that a baby's dying is not a totally unusual experience
in a cardiology ward?

A. No, it isn't.

Q. Would that be fair to say?

A. Yes.

Q. Does it happen that on occasion
an inquest is held into the death of a specific baby?

A. I have never been involved
in one previously.

Q. So you would consider that
unusual; is that right?

A. Yes.

Q. And is this why you stated
in your evidence that "Dr. Fowler, he seemed quite
agitated"?

A. I stated that because that
is my recollection, yes.

Q. That is fair enough. Did he
give you a reason why he was upset? Did he say any-
thing to you?

A. No, not that I recall.



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Q. Did he say anything about the level, the digoxin level of Baby Kevin Pacsai?

A. I don't recall.

Q. Did he offer an explanation as to how this level could have been achieved? Did he say anything in that regard?

A. I don't recall specifically.

Q. You indicated, however, that you and Diane Croswell were instructed to go over to the Department of Pathology and look at his chart; is that correct?

A. We accompanied Dr. Fowler, yes.

Q. And that you made notes on his chart, and we have had the benefit of these notes in these proceedings?

A. Yes.

Q. Did Diane Croswell make notes as well?

A. I thought she did, yes.

Q. Have you ever seen those notes?

A. Not that I recall, recently.



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Q Did you see him at the time this
lady made the notes?

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A I can remember we were both
writing things and I don't know that I saw any notes
from Diane at a later point.

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Q How about Dr. Fowler? I
understand Dr. Fowler was making notes as well?

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Q Did you ever see the notes
that Dr. Fowler made?

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A No.

Q So what happened was the three
of you were in the Department of Pathology looking
at the chart and making notes?

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A Yes.

Q And I assume that was a
simultaneous process, you were doing it at the same
time?

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A Yes.

Q Was there any conversation that
took place between you and Dr. Fowler or you and
Diane Croswell?

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A Not that I recall.

Q You don't recall any conversation
at all? No?



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A. We may have said a few things;
I don't recall.

Q. Then you indicated that after
that, that your job was to call the nurses who had
anything to do with Kevin Pacsai's care and ask them
to recall what they had done for him and what they
had given to him. Do you recall saying that?

A. I recall one nurse who was a
staff nurse on 4A.

Q. That was whom?

A. Susan Nelles.

Q. Do you recall at page 5280,
Volume No. 112, saying that we were going to call
the nurses who had anything to do with this child's
care and ask them to recall what they had done for
him and what they had given to him?

A. Yes.

Q. But you only called one nurse?

A. Yes.

Q. Is there a reason why you
only called one?

A. The child was a 4B patient
and I had seen Mrs. Crosswell was calling the nurses
involved on 4B staff and I was calling the nurses
involved on 4A staff.



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Q. Except that Phyllis Trayner
had some involvement with this child; is that correct?

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A. Yes.

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Q. And she is a 4A nurse?

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A. Yes.

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Q. And you never called her?

8

A. No.

9

Q. Why?

10

A. Susan Nelles was the nurse that
was assigned to care for Kevin Pacsai.

11

Q. That is the reason you did not
call Phyllis Trayner?

12

13

A. I don't know that I thought to
call Phyllis at that time.

14

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Q. Do you know if Diane Croswell
ever called the nurses on 4B?

16

A. No, I don't.

17

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Q. You have before you, ma'am,
Exhibit No. 369, which I believe are the notes that
you made about this child in the Department of
Pathology. Is that correct?

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A. These are made from the chart,
and the Department of Pathology, yes.

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Q. And you indicated that there
was a cause of death on a neonatal form. This is at

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the top. You have had some problem in recalling where you derived that information from; is that correct?

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A. Because I have written here, I assumed, that I got that information from the neonatal form. It just is not on the chart at this present time.

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Q. Would you look at Exhibit No. 106, which is the medical record of Kevin Pacsai and would you turn specifically to page 85.

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A. Yes.

Q. Have you got that page, ma'am?

A. Page 85, yes.

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Q. If you look at that entitled at the top: Hospital for Sick Children, Hospital Report Coroner's Case.

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A. Yes.

Q. And if you look at the portion dealing with remarks. Do you see that about two-thirds from the bottom?

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A. Yes.

Q. You will see it says:

"Patient noted to be into two to one heart block"

and there is a word and then "also hyperkalemic".



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Would you look now to your Exhibit 369 about a third down.

A. Yes.

Q. The first page. It says:
"Patient noted to be in two to one heart block and also to be hyperkalemic" and you have a "coroner's report."

A. Yes.

Q. Would that be where you gathered that information from, Mrs. Radojewski?

A. It is my assumption that this is where I gathered it from. I had no experience in looking at charts when they were becoming a coroner's case.

Q. What surprises me is the wording is almost identical. That is what leads me to think that this is where you obtained the information that is on page 1 of your notes. I was just wondering if you recall seeing that particular page and if you do, if you recall gathering that information from that page?

A. I can't recall the specific page.

Q. You go further on in the first page to give the numbers, as it relates to his lytes, and I assume relates to his electrolytes -- blood



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gases. I am interested in the potassium which is
K 3.9. Would you consider that above or below or
within the normal range?

A. Within the normal range.

Q. And the BUN at less than 5.
Would you consider that above, below, or within
normal range?

A. Within the normal range.

Q. From the information you have
with regard to his electrolytes would you consider
that an abnormality in that information?

A. I don't have the other normal
values at my fingertips; I'm sorry.

Q. Well, let's just talk about
potassium and the BUN then. Would you consider them
normal?

A. Yes.

Q. You also indicated in your
evidence, ma'am, that when you called Susan Nelles in
Belleville and told her of the possibility of an
inquest that she was thankful that you had called her
and that she said to you that she would sit down and
write what she remembered about the patient. Do you
recall giving that evidence?

A. Yes.



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Q. We have heard some evidence to the effect that she was upset, that you had, in fact called her. Did she display any of that kind of behaviour to you while you spoke to her?

A. I don't recall that she did.

Q. She seemed fairly calm and normal?

A. Surprised that I had phoned, but --

THE COMMISSIONER: I think we will have to rise for a couple of minutes.

--- Short recess.



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--- Upon resuming

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MR. SHINEHOFT: I assume, Mr.

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Commissioner, that is no indication of what you felt
my cross-examination to be like?

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THE COMMISSIONER: No. How long do
you think you will be?

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MR. SHINEHOFT: Five minutes maybe.

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THE COMMISSIONER: Okay. Well, I
think we will go on.

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MR. SHINEHOFT: Is that okay, or would
you like me to ...

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THE COMMISSIONER: No, I am fine.
It is no reflection on you, it goes back long before
I met you.

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MR. SHINEHOFT: Q. Mrs. Radojewski,
do you recall giving your evidence on February 29th?
I know it seems a long time ago but I am referring
you, and maybe your Counsel may want to give you that
portion of the transcript that I am going to read
from, at 5423 because at that time you gave some
evidence as to the derivation of the note on page 1
on Exhibit 369 and your evidence at line 18 was as
follows:

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Q. To the best of your recollection
was there such a form on Kevin Pacsai's
chart when you reviewed it in the
Pathology Lab?"



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II 2 2 And your answer was:

3 "A. There must have been for me to copy
4 this Cause of Death and then I have quoted
5 it as being from the Neonatal form."

6 Q. Now, on the basis of the review of
7 the chart which you again did at the noon
8 hour today, did you find anything which
9 you felt to have referred to have been
10 the basis for your reference to a
11 Coroner's report?"

12 And your answer was:

13 "A. Page 85?

14 Q. Yes.

15 A. It's the only thing I can see on this
16 chart, in the chart that refers to a
17 Coroner's report and I am unfamiliar in
18 looking for them and I see that I have
19 labelled it wrong."

20 Do you recall giving that evidence?

21 A. Yes.

22 Q. Now, today you seem to differ from
23 the evidence that you gave previously in that today
24 you say you don't recall where you got that information
25 from. Does this refresh your mind, refresh your
memory as to exactly where you may have, or where you
got that information from, Mrs. Radojewski?



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A. I am sorry, I had assumed when I was answering you that I answered it along the lines that I must have used that form, that page, and I am unfamiliar in looking for Coroner's reports.

Q. Well, I may have misunderstood you but the inference I garnered was that you didn't know where you got it from, but you are saying now you must have got it from page 85 of his medical chart?

A. Yes.

Q. Thank you. Did you speak to any other doctors or nurses at the time of Kevin Pacsai's death about the cause of his death?

A. I don't recall.

Q. And can you give us any explanation as to why on Exhibit No. 368, page 4, the very last page - do you have that before you?

A. Yes.

Q. That you have written the words "dig. levels"?

A. I have no explanation for that.

THE COMMISSIONER: I thought that was the back. Did we decide that it was the back?

MS. MCINTYRE: It was the back of the front page.



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MR. SHINEHOFT: I see, I am sorry, I have mislabelled it.

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Q. Can you offer us any explanation as to why you wrote those words?

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A. No, I am sorry, I can't.

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Q. You have no idea.

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Thank you very much, those are all the questions I have. Thank you, Mr. Commissioner.

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THE COMMISSIONER: What's your position tomorrow, Mr. Shanahan?

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MR. SHANAHAN: Sir, could I, I think Mr. Knazan is going first thing and I think then Mr. Tobias is due back and I may well be here by then, but if I'm not, I know that once Mr. Tobias scrapes himself in, I think between Miss McIntyre and Miss Cronk I am wondering if, I do have some questions of this lady, although, I should be here but if I just wasn't here, I wonder ...

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THE COMMISSIONER: You are going to be how long?

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MR. SHANAHAN: I have a matter at 9:30 just in the City Hall but I think I will be here, or I hope to, but I am just concerned ...

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THE COMMISSIONER: It will depend whether we start at 9:30 or 10:00. How long would you



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II 5 2 be in your examination?

3 MR. SHANAHAN: I would be about 20
4 minutes to a half an hour.

5 THE COMMISSIONER: Well, I think we had
6 better put it over until tomorrow. You will be 20
7 minutes and, Mr. Knazan, how long will you be?

8 MR. KNAZAN: Ten or 15 minutes.

9 THE COMMISSIONER: Half an hour. And
Mr. Tobias?

10 MR. LABOW: Mr. Tobias expects to be 10
11 minutes, sir.

12 THE COMMISSIONER: Ten minutes.

13 MR. SHANAHAN: Don't believe it, don't
14 believe it.

15 THE COMMISSIONER: Miss McIntyre?

16 MS. MCINTYRE: I don't anticipate being
17 very long, Mr. Commissioner, half an hour at the very
most.

18 THE COMMISSIONER: Miss Cronk, have you
19 any thoughts?

20 MS. CRONK: Yes, I will probably be 45
21 minutes.

22 THE COMMISSIONER: Well, all right.
23 Well, I think we had better come here at 9:30 tomorrow
24 morning then.
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Now, Mr. Shanahan, if you are not back
we will fit you in and it may mean if you come in
after Miss McIntyre that you will have to come back,
that's all.

All right, until 9:30 then tomorrow
morning.

--- Whereupon the hearing adjourned at 4:40 p.m.
until Tuesday, March 6th, 1984 at 9:30 a.m.

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